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#160

LPN

INTRAVENOUS THERAPY

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION

2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

February 1, 1989

Dr. Milene Megel, PhD, RN
Executive Secretary
New York State Board for Nursing
State Education Department
Cultural Education Center
Albany, NY 12230

Dear Dr. Megel,

Last week the NYSNA Board of Directors held its January meeting. On the agenda was the State Board for Nursing's recommendations regarding LPNs and intravenous therapy and the proposed DOH regulations.

The NYSNA Board of Directors is essentially willing to accept the changes in LPN practice and the accompanying regulations provided the Board of Regents approves and the Department of Health bases its regulations on the changes in practice as determined by the State Board for Nursing. Any additional legal action by the New York State Nurses Association will await the implementation of the appropriate approval and regulatory processes.

The NYSNA Board of Directors requests that:

1. The Health Facilities Memorandum include in the Purpose Section- "This memorandum is based on guidelines developed by the State Board for Nursing which has determined that within certain parameters IV therapy is within the scope of practice of Licensed Practical Nurses".

Reason: This clarifies that the expanded scope of practice has been granted by the appropriate body.



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2. The State Board for Nursing should inform the NYS Insurance Department that Licensed Practical Nurses may not be involved in central venous line procedures in the home.

Reason: There is considerable pressure from insurance companies to substitute LPNs for RNs in this area of practice.

3. The State Board for Nursing consider a recommendation that Licensed Practical Nurses must have completed a minimum of two years of satisfactory employment in an Article 28 facility before being eligible for participation in an IV training program.

Reason: While the two years may be an arbitrary number it allows for a period of evaluation before adding to the LPNs skill base.

4. The State Board for Nursing request yearly reports from the Department of Health on the number and type of incident reports filed regarding intravenous therapy mistakes/errors with regard to RNs and LPNs.

Reason: This will provide an evaluation of the impact of the expanded practice on the quality of patient care.

5. The State Board for Nursing recognize that hospitals and nursing homes (RHCs) have very different levels of RN supervision available and that the Board require that the regulations stress that the professional nurse must be physically on-site and readily available to the Licensed Practical Nurse.

Reason: Since it is not unusual in RHCs for a RN to cover many different units and even be responsible for units in separate buildings, it is imperative that the level of on-site supervision be stressed in the recommendations.

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In addition, the NYSNA Board of Directors suggests the following language and content changes which are underlined for your review:

1. Draft Health Facilities Memorandum

- a. Under "Purpose" second paragraph, have the fourth line read "...the LPN must have completed a training program which is specific to the facility or agency,..."

Reason: This clarifies each agencies' responsibility for providing specific IV therapy training for the LPN.

- b. Under "Implementation by Facilities or Agencies " in Section 2, change the last two lines to, "...supervised classroom, clinical training and experience in a general hospital and completed a training program with experience specific to IV therapy administration in these agencies before being assigned to IV procedures in the home".

Reason: This clarifies that there must also be an in-service on IV therapy provided by the home health agency.

- c. Under "Implementation.." in Section 6, line seven add, "on site and readily available, to supervise...".

Reason: This clarifies the availability of the professional nurse.

- d. Under "Allowed Procedures", Section 2, add "unmedicated and, in Article 28 facilities only, medicated intravenous fluids".

Reason: This clarifies that initiating medicated intravenous fluids is limited to LPNs in Article 28 facilities.

- e. Under "Allowed Procedures", a new 9, add "central venous line procedures in Article 28 facilities only".

Reason: Identifies and limits the allowed central venous line procedures.

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- f. Under "Limitations in Procedures", change line three to, "intravenous chemotherapy, experimental drugs, fibrolytic agents, subcutaneous access ports and a bolus...."

Reason: NYSNA suggests that experimental drugs, fibrolytic agents and subcutaneous access ports are beyond the knowledge base and scope of clinical practice of a LPN and should be specifically limited.

- g. Under "Limitations in Procedures", in line five add "... central venous lines including changing dressings and tubing in certified..."

Reason: By adding the dressing and tubing changes, the limitation is significantly clarified.

2. The Proposed Regulations

- a. In Part 700.4 (b) and 400.15 (b) add "... intravenous chemotherapy, experimental drugs, fibrolytic agents, subcutaneous access ports and a bolus.."
- b. In Part 700.4 (c)(1) and Part 400.15 (c) (1) add "... in a general hospital and completed a training program with experience specific to the home care agency before being assigned..."
- c. In Part 700.04 (c) (4) and Part 400.15 (c) (4) add "... central venous line procedures including changing dressings and tubing."
- d. In Part 700.4 (d) and Part 400.15 (d) add a new second sentence to read "Licensed Practical Nurses must have completed a minimum of two years of satisfactory employment in the facility before being eligible for participation in an IV training program".
- e. In Part 700.4 (i) and Part 400.15 (i) add to the end of the sentence "under the direction of a registered professional nurse who is on site and readily available".

The Association believes that these suggested changes add clarity and further direction to the memorandum and regulations.

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The NYSNA Board of Directors would also appreciate clarification of the following issues:

1. Will albumin which is often dispensed by a pharmacy be considered a medication or a blood product for the purpose of these regulations?
2. Will Licensed Practical Nurses be allowed to initiate anaphylaxis protocols? These medications can be subcutaneous, intramuscular or intravenous.

The New York State Nurses Association would appreciate receiving a final copy of the proposed regulations. Also, the Association would like an official statement from the State Education Department which identifies the Board of Regents and State Board for Nursing's approval of this change in the scope of practice of Licensed Practical Nurses.

The healthcare of the consumer in New York State requires that all practitioners are knowledgeable and adequately prepared. The New York State Nurses Association urges the State Education Department to consider changing the educational base of LPNs to reflect their increasing practice responsibilities.

Sincerely,

Karen A. Ballard

Karen A. Ballard, MA, RN
Director

Nursing Practice and Services Program

cc: Mr. George Harder, NYSNA Counsel
Ms. Beth Russell, SED Counsel
Ms. Patricia Hernandez, Department of Health

KAB/dpf

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TO: NYSNA Board of Directors
FROM: Karen A Ballard, MA, RN
Director
Nursing Practice and Services Program
RE: January 23, 1989 Meeting on LPN Regulations

In December 1988, NYSNA legal counsel, Mr. George Harder, moved to join the two pending appeals on the LPN regulations before the courts. Subsequent to this action, SED legal counsel, Ms. Beth Russell, asked to meet with Mr. Harder and a representative of NYSNA.

On January 23, 1989, a meeting was held. Present were Mr. Harder, Ms. Russell, K. Ballard (NYSNA), M. Megel (SBFN) and Mr. Carey (Attorney General's office).

Dr. Megel presented that the State Board for Nursing has agreed that there should be expanded practice in the area of intravenous therapy for Licensed Practical Nurses in New York State. The Board has determined guidelines for this practice and will recommend to the Board of Regents at the February meeting endorsement of this expanded scope of practice for LPNs. In addition, the Department of Health is prepared to issue new regulations on "The Role of Licensed Practical Nurses in Intravenous Therapy Procedures" which will be based on the State Board for Nursing's interpretation of practice and guidelines.

The State Education Department counsel has requested that the New York State Nurses Association:

1. Comment on the language in the proposed regulations and draft Health Facilities Memorandum (HFM).
2. Answer the question: "Is there anything short of promulgation of the regulations by SED which would satisfy NYSNA's legal challenge to the previously enacted DOH regulations?"

According to SED counsel, it is not appropriate for SED to issue regulations for agencies under the auspices of the Health Department. The Board of Regents with the advice from the State Board of Nursing determines acceptable practice. The implementation of the practice is through the DOH regulations. NYSNA counsel agrees that this is a correct process.

A. Analysis of the Situation

1. There has not been any widespread implementation of the previous DOH regulations. NYSNA's legal challenge caused facilities to be very hesitant in allowing any changes in practice. HANYS had advised its members to proceed with caution and only after consulting legal counsel.
2. The State Board for Nursing has determined that certain IV procedures are within the scope of practice of LPNs:
 - a. In Article 28 facilities (hospitals, RHCs & diagnostic and treatment centers) Licensed Practical Nurses who have received special training and are under the direction of a registered professional nurse may perform all IV procedures including procedures involving central venous lines.
 - b. In home care and other similar agencies Licensed Practical Nurses may only perform peripheral IV procedures; they may not handle central venous lines. These LPNs will be required to have been previously trained and involved in IV therapy in a Article 28 facility and receive additional training by the home care agency before being involved in IV therapy.
3. The State Board for Nursing is forwarding its recommendations for this expanded practice to the Board of Regents in February.
4. The proposed regulations are based on the assumption that the Board of Regents will accept the SBFN recommendation.
5. NYSNA's main objection to the previous regulations was that the DOH had assumed SED's role for interpretation of nursing practice. DOH had promulgated a regulation based on tasks which the SBFN had stated exceeded the LPNs scope of practice.
6. This is a quiet and important victory for the profession of nursing in NYS. The correct process for role expansion has occurred. The Department of Health will base its regulations on the State Board for Nursing's recommendation to the Board of Regents.

B. Comments on The Proposed Language

1. Draft Health Facilities Memorandum (HFM)
 - a. Under "Purpose", add new third sentence to read "This memorandum is based on guidelines developed by the State Board for Nursing which has determined that within certain parameters IV therapy is within the scope of practice of Licensed Practical Nurses".

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- b. Under "Purpose" second paragraph, have the fourth sentence read "...the LPN must have completed a training program which is specific to the facility or agency, ..."
- c. Under "Implementation by Facilities or Agencies" in Section 2, last two lines add, "...supervised classroom, clinical training and experience in a general hospital and completed a training program with experience specific to IV therapy administration in these agencies before being assigned to IV procedures in the home".
- d. Under "Allowed Procedures", Section 3, add "...and, in certain facilities or in Article 28 facilities only, medicated on travenous fluids".
- e. Under "Limitations in Procedures", in line five add " ... central venous lines including changing dressings and tubing in certified..."

2. Proposed Regulations

- a. In Part 700.4 (c) (1) and Part 400.15 (c) (1) add "... in a general hospital and completed a training program with experience specific to the agency before being assigned..."
- b. In Part 700.4 (c) (4) and Part 400.15 (c) (4) add "...central venous line procedure including changing dressings and tubing."
- c. In Part 700.4 (d) and Part 400.15 (d) add a second sentence to read "licensed Practical Nurses must have completed a minimum of two years of satisfactory employment in the facility before being eligible for participation in the IV training program".

3. Important Facts

- a. With this expansion of practice, specially trained Licensed Practical Nurses in hospitals, nursing homes and diagnostic and treatment centers will be able to perform all IV therapy which is currently within the scope of practice of professional nursing.
- b. There will continue to be limitations on the LPN's scope of practice in home care settings.
- c. These regulations are permissive not mandatory. Facilities could chose to be more restrictive of LPN practice within the specific institution.

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4. The Legal Question

The NYSNA Board of Directors needs to decide how to proceed with the legal challenge. The possible actions are:

- a. Withdraw the case now.
- b. Maintain the present situation until there is a decision by the Board of Regents and the Regulations are accepted by the Hospital Code Committee without any changes or surprises.
- c. Continue the case and appeals regardless of SED and DOH actions.
- d. Other responses to be indentified.

5. Other Actions

- a. Request a statement from the Board of Regents, SED, State Board for Nursing which clearly identifies that the expanded scope of LPN practice was made within the legitimate and appropriate process.
- b. Request that the Department of Health's Memorandum acknowledge State Board ^{and} of Regents, ~~of~~ practice decision.
- c. Support or disagree with the State Board for Nursing's recommendation to the Board of Regents.
- d. Support or disagree with the Proposed Regulations to the Department of Health and the SHRPC's Code Committee.
- e. Issue a press release, a letter to all Directors of Nursing and inform all NYSNA members through Report of the Board of Directors actions on this issue.
- f. Other actions to be identified.

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June 1, 1988

Dear Colleague:

This communication is to keep you informed of the latest developments in the New York State Nurses Association's legal action regarding the Department of Health's new regulations governing intravenous therapy procedures by licensed practical nurses.

On April 13, 1988, Supreme Court Justice Paul E. Cheeseman dismissed NYSNA's original petition on the grounds that the Association did not have standing to bring the suit. The judge did not consider the substance or merits of the case.

However, on April 29th, the Association filed a new petition on behalf of two individual professional nurses. On May 13th, Supreme Court Justice Harold J. Hughes ruled that these professional nurses did have standing and the case should go forward. NYSNA expects that the merits of the Association's case will be heard by the court during the month of June. Until this issue is settled, NYSNA continues to suggest that individuals and health care facilities proceed with caution in any expansion of LPN practice in this area.

The New York State Nurses Association continues to be interested in your opinions and activities regarding this issue. It is our goal to resolve it in a manner which will result in the delivery of high quality nursing care in New York State. NYSNA will keep its membership informed of all developments.

Sincerely yours,

Martha L. Orr/ker

Martha L. Orr, MN, RN
Executive Director

MLO/ker

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Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION

2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

February 23, 1988

Dear Colleague:

This communication is to inform you that on February 22, 1988, The New York State Nurses Association brought legal action against the New York State Departments of Health and Education. NYSNA is challenging the Department of Health's new regulations, which became effective on January 18, 1988, governing intravenous therapy procedures by licensed practical nurses. On March 11, 1988, this matter will be heard by a New York State Supreme Court judge in the Association's effort to obtain a restraining order to prevent the Health Department from implementing the regulations and to declare the regulations void.

The regulations were adopted by the State Hospital Review and Planning Council last spring. At that time, portions of the regulations were opposed by both the State Board for Nursing and The New York State Nurses Association. Final promulgation of the regulations had been postponed pending resolution of scope of practice questions between the State Education Department and the Department of Health.

While NYSNA was generally supportive of appropriate expansion of LPN practice in intravenous therapy administration, the Association strongly objected to the inclusion in the regulations of total parenteral nutrition, hyperalimentation, and other procedures involving the use of central venous lines. The State Board for Nursing also objected to the LPN's involvement in any intravenous procedures involving central venous lines. In addition, the State Board for Nursing supported LPN practice of intravenous therapy only in hospitals and long term care facilities where there could be appropriate supervision of the LPN by a registered professional nurse.

NYSNA believes that the current level of education of LPNs in New York is insufficient to prepare them for the procedures in question. Many LPN programs contain minimal content in pharmacology or basic sciences. In general, the Association believes that the knowledge base required for the safe performance of these highly sophisticated and technically complex procedures is not provided in LPN programs.



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February 23, 1988
Page Two

NYSNA further believes that determinations regarding the appropriate scope of practice of professional and practical nurses in New York legitimately belong to the State Education Department through the State Board for Nursing. It is NYSNA's position that the Department of Health has exceeded its statutory authority by promulgating these regulations.

Therefore, in order to ensure that the citizens of New York receive competent nursing care, NYSNA has sought clarification through the court system of the legality of these regulations. Until this issue is settled, NYSNA would suggest that individuals and health care facilities proceed with caution in any expansion of LPN practice in this area.

The New York State Nurses Association hopes that this serious nursing practice issue will be quickly resolved in a manner which will advance the delivery of nursing care of high quality in New York State. NYSNA will keep its members informed of all developments.

Sincerely,

Juanita K. Hunter

Juanita K. Hunter
President

#160 LPN INTRAVENOUS THERAPY

**Memo from
New York State Senate
Administrative Regulations
Review Commission**

From Annemarie O'Hearn
To Karen Ballard
Subject Intravenous Therapy Procedures

January 5, 1988

Pursuant to our conversation of today, enclosed please find copies of the proposed and adopted texts for the Department of Health regulation entitled "Intravenous Therapy Procedures". The adoption notice for this regulation was filed with the Secretary of State on December 28, 1987. However, due to substantive changes made in sections 400.15(6) and 700.4(6), it cannot become effective until 21 days after filing. The effective date of this regulation, therefore, will be January 18, 1988.

If I can be of any further assistance, please do not hesitate to contact me at 455-2731.

Form 2

State of New York
Department of Health
(Agency)

NOTICE OF ADOPTION

DIRECTIONS: ALL ITEMS MUST BE COMPLETED

Pursuant to the provisions of the State Administrative Procedure Act, NOTICE is hereby given of the following agency action:

1. Action taken: Amendments to add a new section 400.15 to Part 400 and add a new section 700.4 to Part 700.
2. Effective date of rule:
 - ☐ Date this notice is published in the *State Register*. (This box cannot be checked (1) if substantive changes were made to the proposal or (2) if a revised regulatory impact statement is being submitted with this notice or (3) if a revised regulatory flexibility analysis is being submitted with this notice. See SAPA, section 203, which provides that, in such cases, the rule cannot be effective until 21 days after the rule is filed with the Department of State.)
 - ☒ 21 days after filing because:
 - ☒ substantive changes were made to the proposal.
 - ☒ a revised regulatory impact statement is being submitted with this notice.
 - ☒ a revised regulatory flexibility analysis is being submitted with this notice.
 - ☐ This is a rule as defined in the State Administrative Procedure Act, section 102(2)(a)(ii), and, therefore, is to be effective as follows:
 - ☐ Date of filing.
 - ☐ Other (specific date) _____
 - ☐ Other (specific date) _____
3. Statutory authority under which the rule was adopted: Public Health Law, sections 2803(2), 3612(5)(6) and 4010(4)
4. Subject of the new rule: Role of the Licensed Practical Nurse in Intravenous Therapy Procedures
5. Purpose of the new rule: To allow licensed practical nurses to perform intravenous therapy procedures at the option of a facility or agency.
6. Final rule as compared with proposed rule:
 - (a) Identification number of notice of proposed rule making: HLT-13-87-00011-P
 - (b) Check the appropriate box:
 - ☒ The notice of proposed rule making contained the text of the proposed rule.
 - ☐ The notice of proposed rule making contained a summary description of the proposed rule.

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Check box and complete as applicable:

☐ The final rule, as compared with the proposed rule, contains no substantive changes.

☐ Substantive changes were made in the following Parts, sections, subdivisions or paragraphs:
100.1516
100.476

(d) If substantive changes were made, check the applicable box:

☐ Attached is a revised regulatory impact statement containing the reasons for the changes and containing any necessary revisions to the regulatory impact statement. There is no special form for a revised regulatory impact statement. If the statement exceeds 2,000 words, submit a summary.

☐ Attached is a statement indicating that, although substantive changes were made to the proposal, the changes do not necessitate any changes to the regulatory impact statement.

☐ This rule is within the definition contained in section 102(2)(a)(ii) of the State Administrative Procedure Act, and therefore, a revised regulatory impact statement is not required.

(e) If substantive changes were made, check the applicable box:

☐ Attached is a revised regulatory flexibility analysis setting forth the changes to the original regulatory flexibility analysis necessitated by the changes to the proposal. If the statement exceeds 2,000 words, submit a summary.

☐ Attached is a statement indicating that, although substantive changes were made to the proposal, the changes do not necessitate any changes to the regulatory flexibility analysis.

☐ This rule is within the definition contained in section 102(2)(a)(ii) of the State Administrative Procedure Act, and therefore, a revised regulatory flexibility analysis is not required.

7. Assessment of issues raised by public comment (check applicable box):

☐ Attached is an assessment of public comment. No particular form is required for this assessment. However, the assessment must be based upon any written comments submitted to the agency and any comments presented at any public hearing held for the purpose of receiving public comment on the proposed rule. The assessment must summarize the issues raised by the public comment, including significant alterations suggested in the public comment. In addition, the assessment must summarize the agency's assessment of the issues raised in the public comment and summarize the changes made to the proposal as a result of the public comment. If the assessment of public comment exceeds 2,000 words, submit a summary.

☐ An assessment of public comment is not attached because the agency received no public comment. This rule is within the definition contained in section 102(2)(a)(ii) of the State Administrative Procedure Act, and therefore, an assessment of public comment is not required.

8. Text or description of final rule:

(a) If the final rule contains 2,000 words or less, and if 6(c) of this form indicates that there are no substantive changes, attach a copy of the text of the rule. As long as there are no substantive changes in the final rule, the typing for the text does not have to comply with the technical standards presented in section 260.2 of Title 19 of the Official Compilation of Codes, Rules and Regulations of the State of New York. A photocopy of the text of the rule is also acceptable.

(b) If the final rule contains 2,000 words or less, and if substantive changes are indicated in 6(c) of this form, attach an original ribbon copy of the text of the final rule. The attachment must be typed following the instructions presented in section 260.2 of Title 19 of the Official Compilation of Codes, Rules and Regulations of the State of New York.

(c) If the final rule contains more than 2,000 words or if an election was made under section 202(7)(b) of the State Administrative Procedure Act, attach an original ribbon copy of a description of the substance of the final rule, conforming to the typing instructions presented in section 260.2 of Title 19 of the Official Compilation of Codes, Rules and Regulations of the State of New York.

9. The text of the final rule, the revised regulatory impact statement, if any, the revised regulatory flexibility analysis, if any, and the assessment of public comment, if any, may be obtained from:

Name of agency representative: Donald J. McGonigle

Office address: Dept. of Health, Bur. of Mgmt. Services

Telephone number: Room 1009 ESP Tower, Albany, NY 12237

(518) 474-8734

10. Additional matter requested by statute:

☐ Check box if not applicable.

I have reviewed this form and the information submitted with it. The information contained in this notice is correct to the best of my knowledge.

I have reviewed Article 2 of the State Administrative Procedure Act and Parts 260, 261, 262 and 263 of Title 19 of the Official Compilation of Codes, Rules and Regulations of the State of New York, and I hereby certify that this notice complies with all applicable provisions.

This notice was prepared by:

William R. Johnson
(Signature)

Name: William R. Johnson

Address: Dept. of Health, Bur. of Mgmt. Services

Room 1009, ESP Tower, Albany, NY 12237

Dated: December 28, 1987

Telephone: (518) 474-6936

Please read before submitting this notice:

(a) Except for typing done on Form 2 itself, all typing must be done in legible form and must comply with 19 NYCRR section 260.2.

(b) As one package, submit the following properly collated:

(1) the original certification supplied to the text of the new rule, plus two copies of both; and

(2) the original of this notice (Form 2, the text or summary; a revised regulatory impact statement, if necessary; a revised regulatory flexibility analysis, if necessary; and an assessment of issues raised by public comment, if necessary), plus two copies of the complete notice.

(c) The material may be hand-delivered or mailed:

(1) hand-delivered material must be delivered to the State Register/Compilation Unit, NYS Department of State, Room 408, One Commerce Plaza, 99 Washington Avenue, Albany, NY.

(2) material submitted by mail must be addressed to the State Register/Compilation Unit, NYS Department of State, 162 Washington Avenue, Albany, NY 12231.

#160 LPN INTRAVENOUS THERAPY

THE ROLE OF THE LICENSED PRACTICAL NURSE IN INTRAVENOUS THERAPY PROCEDURES ASSESSMENT OF PUBLIC COMMENTS

Comments were received by the Department from six interested parties on the proposed regulations. These include comments from health care providers, the New York State Nurses Association, a nursing educator, and the State Board for Nursing, State Education Department. Listed below is a summary of comments and the Department's response by subject area.

Educational Preparation

Four commentors stated that the basic educational background for practical nurses does not generally prepare the licensed practical nurse (LPN) to perform all intravenous therapy procedures. The Department recognized this and at the suggestion of the State Board for Nursing in 1985, developed an outline for a comprehensive training program for the performance of intravenous therapy procedures. This outline was designed by practical nurse educators, health care providers and representatives of the State Board for Nursing, and will be a part of the Department of Health Memorandum sent to the field to accompany the regulations. Before an LPN is approved to perform intravenous therapy, he/she must satisfactorily complete this training program, receive supervised clinical experience and demonstrate competence.

Two comments were received in support of the training program.

Practice Sites

Two comments were received regarding the practice sites for an LPN to perform intravenous therapy. The comments centered on the lack of direct supervision by a registered professional nurse (RN) in home health care. The Department's response is that the regulations require that the LPN perform these functions under the direction of an RN and in the case of home care this is interpreted to require the direct supervision of the registered professional nurse during the initial administration of intravenous therapy. Depending on the outcome from this initial administration, subsequent intravenous therapy may be performed by the licensed practical nurse without direct supervision. We have included this interpretation in the Department of Health Memorandum which accompanies these regulations. The existing regulations governing the provision of services by certified home health agencies and licensed home care services require that all staff are adequately supervised when delivering care in patient homes.

One commentor felt that it was not necessary to include residential health care facilities (RHCs) as practice sites in the regulation, as very few patients at this level of care would need intravenous therapy. The Department did not change the regulation to eliminate RHCs as a site of service because these facilities are currently admitting more patients needing complex care, some of whom need intravenous therapy.

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Central Venous Lines

Comments were received on allowing certain procedures involving central venous lines to be performed by LPNs in the proposed regulations. One commentator implied that allowing the LPN to perform intravenous therapy via central lines has the following advantages:

- It allows the RN to assume the management of patient care and delegate certain tasks to the LPN.

- It decreases the potential for medication error as it will allow the LPN to administer all the patient's medications.

- It makes it more attractive to hire graduate nurses who have not yet passed their State Board Exams. They still will be able to work as an LPN (if licensed) and will be able to perform central venous line therapy.

This commentator also stressed that the current shortage of RNs makes it imperative that LPNs be allowed to perform additional functions.

The State Board for Nursing is opposed to LPNs handling central venous lines, as they consider these procedures beyond the scope of practice of an LPN. In a later letter of comment, the State Board for Nursing offered four reasons why:

- The patient's health is usually severely compromised.
- The infusion is into a major blood vessel.
- The technique is relatively new and products are still being evaluated.

- There is a need for complex assessment skills and close patient monitoring.

After much consultation and consideration, the Department decided to include intravenous therapy including total parenteral nutrition via central venous lines as an allowable task for trained LPNs. The recent findings of the Health-Labor Industry Personnel Task Force which was formed in response to health care personnel shortages has recommended that professional groups carefully consider the resources that are available for the provision of health care. Training the LPN to perform intravenous therapy procedures including the handling of central venous lines will allow hospitals and other providers to use more effectively a valuable resource for the provision of health care. The regulation provides a standard that all facilities, home care services agencies and hospice programs must follow if they allow these specially trained LPNs to perform these functions.

In addition, for many hospitals, particularly tertiary care facilities, it has become standard procedure for patients to receive parenteral therapy via central lines rather than peripheral lines. Therapy for many diseases requires repeated or continuous, reliable access to veins. Repeated use of peripheral lines can cause a great deal of patient discomfort and frequent complications such as phlebitis and thrombosis.

RHCPs and home care service agencies will increasingly be admitting patients discharged from higher level of care facilities with these lines in place.

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Revised Regulatory Impact Statement

for

The Role of the Licensed Practical Nurse

in Intravenous Therapy Procedures

(400.15) and (700.4)

Section 400.14 as originally proposed has been renumbered to become section 400.15.

One substantive change was made in the proposed regulations on the Role of the Licensed Practical Nurse in Intravenous Therapy Procedures.

In subdivision 400.15(b) and 700.4(b), the list of exceptions was amended to allow a specially trained licensed practical nurse (LPN) to perform total parenteral nutrition and certain other procedures involving central lines.

The Department feels that specially trained LPNs can handle total parenteral nutrition and other central venous line procedures under appropriate supervision.

The recent findings of the Health-Labor Industry Personnel Task Force support the need to promote new ways to use current health personnel to meet existing and future health care needs.

This change did not necessitate a modification of the original regulatory impact statement, nor the original regulatory flexibility analysis.

Revised Regulatory Flexibility Analysis

Although one substantive change was made in the proposed regulations on the role of the licensed practical nurse in intravenous therapy procedures, the change does not necessitate any changes to the Regulatory Flexibility Analysis.

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INTRAVENOUS THERAPY

Pursuant to the authority vested in the State Hospital Review and Planning Council by section 2803 of the Public Health Law, Subchapter A, of Chapter V of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, is hereby amended to be effective upon filing with the Secretary of State, as hereinafter indicated:

CHAPTER V

MEDICAL FACILITIES

SUBCHAPTER A

MEDICAL FACILITIES-MINIMUM STANDARDS

ARTICLE 1

GENERAL

PART 400

ALL FACILITIES-GENERAL REQUIREMENTS

(Statutory Authority: Public Health Law §2803)

Part 400 of Article 1 of Subchapter A of Chapter V of Title 10 is hereby AMENDED by adding a new section 400.15 to read as follows:

400.15 The role of the licensed practical nurse in intravenous therapy procedures. (a) For purposes of this section only, facility shall mean any entity licensed or certified pursuant to Articles 28, 36 or 40 of the Public Health Law.

(b) The facility may allow specially trained licensed practical nurses to perform all intravenous therapy procedures except for the administration of blood and blood products, intravenous chemotherapy, a bolus of medication by intravenous push, and certain other procedures involving central venous lines.

(c) The facility shall ensure that licensed practical nurses allowed to perform intravenous therapy procedures have satisfactorily completed a training program, received supervised clinical experiences and demonstrated competence in the performance of intravenous therapy procedures.

(d) The training program for intravenous therapy shall include as a minimum instruction in:

- (1) the facility's policies and procedures related to intravenous therapy;
- (2) the facility's quality assurance and risk management program;
- (3) anatomy and physiology related to intravenous therapy;
- (4) the solutions and drugs used in intravenous therapy, their pharmacological action and therapeutic effects;
- (5) procedures used for mixing intravenous medications and solutions;
- (6) the signs and symptoms of complications and adverse reactions to intravenous therapy;
- (7) the functions, use and maintenance of intravenous devices and equipment; and
- (8) infection control techniques.

(e) The facility shall ensure that all intravenous therapy procedures performed by the licensed practical nurse are provided in accordance with written policies and procedures approved by the nursing service, pharmaceutical service, administration, medical director, or

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INTRAVENOUS THERAPY

where applicable, the medical staff, and other professional staff as needed. The facility shall ensure that policies and procedures for intravenous therapy are developed, implemented and reviewed and updated as needed but at least annually.

(f) The facility shall ensure that there is documentation in the licensed practical nurse's personnel file which indicates the training program attended, number of hours and content of the program, supervised clinical experiences and approval to perform intravenous therapy procedures.

(g) Inservice education programs shall be conducted to update and inform the licensed practical nurse of new intravenous therapy procedures and medications and to evaluate continued competence. The programs shall be conducted as often as necessary but at least on an annual basis and be documented in the personnel file of the licensed practical nurse.

(h) The licensed practical nurse approved to perform intravenous therapy procedures shall be under the direction of a registered professional nurse.

#160 LPN INTRAVENOUS THERAPY

Pursuant to the authority vested in the State Hospital Review and Planning Council by sections 3612 and 4010 of the Public Health Law, Subchapter C, of Chapter V of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, is hereby amended to be effective upon filing with the Secretary of State, as hereinafter indicated:

CHAPTER V
MEDICAL FACILITIES
SUBCHAPTER C
GENERAL PROVISIONS

ARTICLE 1

GENERAL

PART 700

GENERAL

(Statutory Authority: Public Health Law §3612, 4010)

Part 700 of Article 1 of Subchapter C of Chapter V of Title 10 is hereby AMENDED by adding a new section 700.4 to read as follows:

700.4 The role of the licensed practical nurse in intravenous therapy procedures. (a) For purposes of this section only, facility shall mean any entity licensed or certified pursuant to Articles 28, 36 or 40 of the Public Health Law.

(b) The facility may allow specially trained licensed practical nurses to perform all intravenous therapy procedures except for the administration of blood and blood products, intravenous chemotherapy, a bolus of medication by intravenous push, and certain other procedures involving central venous lines.

(c) The facility shall ensure that licensed practical nurses allowed to perform intravenous therapy procedures have satisfactorily completed a training program, received supervised clinical experiences and demonstrated competence in the performance of intravenous therapy procedures.

(d) The training program for intravenous therapy shall include as a minimum instruction in:

- (1) the facility's policies and procedures related to intravenous therapy;
- (2) the facility's quality assurance and risk management program;
- (3) anatomy and physiology related to intravenous therapy;
- (4) the solutions and drugs used in intravenous therapy, their pharmacological action and therapeutic effects;
- (5) procedures used for mixing intravenous medications and solutions;
- (6) the signs and symptoms of complications and adverse reactions to intravenous therapy;
- (7) the functions, use and maintenance of intravenous devices and equipment; and
- (8) infection control techniques.

(e) The facility shall ensure that all intravenous therapy procedures performed by the licensed practical nurse are provided in accordance with written policies and procedures approved by the nursing service, pharmaceutical service, administration, medical director, or

#160 LPN
INTRAVENOUS THERAPY

where applicable, the medical staff, and other professional staff as needed. The facility shall ensure that policies and procedures for intravenous therapy are developed, implemented and reviewed and updated as needed but at least annually.

(f) The facility shall ensure that there is documentation in the licensed practical nurse's personnel file which indicates the training program attended, number of hours and content of the program, supervised clinical experiences and approval to perform intravenous therapy procedures.

(g) Inservice education programs shall be conducted to update and inform the licensed practical nurse of new intravenous therapy procedures and medications and to evaluate continued competence. The programs shall be conducted as often as necessary but at least on an annual basis and be documented in the personnel file of the licensed practical nurse.

(h) The licensed practical nurse approved to perform intravenous therapy procedures shall be under the direction of a registered professional nurse.



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY N.Y. 12230
OFFICE OF THE STATE BOARD FOR NURSING

September 30, 1987

TO: Martha Orr
FROM: Milene A. Megel

MAM/cdc

I apologize for not sending this sooner. The next move is the Department of Health's.

MAM/cdc
Enclosure

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INTRAVENOUS THERAPY



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY NY 12230

August 20, 1987

OFFICE OF THE STATE BOARD FOR NURSING

Dr. William E. Reynolds, Director
Bureau of Standards Development
N.Y.S. Department of Health
Empire State Plaza
Corning Tower
Albany, New York 12237

Dear Dr. Reynolds:

I write in regard to the draft of the Department of Health memo and regulations authorizing specially trained LPNs to perform additional services with respect to IV therapy beyond those which may be performed by all LPNs.

Since the State Board for Nursing and State Education Department reviewed and approved the draft regulations as published in the April 1, 1987 Register, two additional areas were added to these regulations; namely, activities related to total parenteral nutrition therapy and flushing intravenous lines. Also, the setting where these expanded activities would be permitted was changed from hospitals and longterm residential facilities to all agencies administered by the Health Department including home care.

At its August 17, 1987 meeting, the State Board for Nursing reviewed the latest draft of the regulations and voted unanimously to adopt the following recommendations:

1. LPNs should not be involved in total parenteral nutrition therapy (TPN).
2. Intermittent flushing of IV devices may be done by specially trained LPNs, but only in hospitals and residential care facilities where adequate supervision by RNs is readily available.
3. The regulations should apply only to hospitals and longterm care facilities where adequate supervision by RNs is readily available.

The Board for Nursing identified four major issues involved in the care of patients receiving TPN: (1) the patient's health is more than likely severely compromised, (2) the infusion is into a major blood vessel, (3) the technique is relatively new and products are still being evaluated, and (4) there is a need for complex assessment skills and close monitoring. The Board for Nursing is concerned about the legal aspect, rather than the technical aspect of LPNs performing these activities. RNs prepared at the associate degree may not have the background to perform the psychomotor skills (not just a series of tasks) required to provide safe intravenous

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Dr. William E. Reynolds

Page 2

therapy. The Board further believes that supervision is different in the home than in the acute care setting with help being more readily available in the hospital or longterm residential care facility. Teaching family members is also different than teaching LPNs about IV therapy. A family member is taught one specific regimen for one specific patient; whereas, LPNs would be responsible for many different solutions for groups of patients. LPNs do not have the necessary background to perform complex assessments depending on the patients' conditions and solutions administered. According to the literature, patient risks of hemorrhage, infection and untoward reactions are much greater with central venous lines, as used in total parenteral therapy, than with routine peripheral therapy.

In the interests of patient safety and well-being, the State Board for Nursing believes that LPNs should not perform TPN in any setting, and the other activities should be restricted to LPNs working in hospitals and longterm residential care facilities. We ask that you reconsider the inclusion of TPN in the role of the LPN and restrict the setting within which the other activities are performed by LPNs.

Sincerely,

Milene A. Megel

Milene A. Megel, PhD, RN
Executive Secretary

MAM/cdc

cc: Thomas E. Sheldon
James H. Whitney
Patricia Hernandez

#160 LPN
INTRAVENOUS THERAPY

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

MEMO: Board of Directors

From: Martha L. Orr
Executive Director

April 20, 1988

We have received notification that Justice Paul E. Cheeseman has dismissed the Association's petition on the LPN regulations. The decision states that "on March 10, 1988, the day before this petition was heard, the Appellate Division, Third Department in the Matter of Karen W. Sheehan et al v. Gordon Ambach, decided the issues raised here. The motion to dismiss for lack of standing is granted." Since the Association was not granted standing to bring the suit, there was no consideration of the substance or merits of our case.

Our legal counsels are reviewing the cited case to determine any possible avenue of appeal, and/or possible refiling on behalf of individual nurses. We have also written to the Chancellor of Education to ask that the Regents and State Department of Education look at this issue in terms of the confusion of authority for the regulation of nursing practice.

I will keep you informed of any additional developments.



BOARD OF EDUCATION OF THE CITY OF NEW YORK

**CLARA BARTON HIGH SCHOOL
FOR HEALTH PROFESSIONS**

901 CLASSON AVENUE BROOKLYN, N.Y. 11225

TELEPHONE 636-4900

JERRY RESNICK, PRINCIPAL

May 31, 1988

Martha L. Orr, R.N.
Executive Director
Economic and General Welfare Program
New York State Nurses Association
The Center for Nursing
2113 Western Avenue
Guilderland, New York 12084

Dear Martha:

Thank you for sending a copy of the petition NYSNA has submitted. The Council agrees that the practice of Nursing should be regulated by the State Education Department and the Board for Nursing. Enclosed are copies of letters sent to Mr. Axelrod, Commissioner Sobol and Attorney General Abrams.

As a follow-up to our conversation, tentative plans have been made for representatives of NYSNA's and CPHNY's Executive Boards to meet in July. Hopefully, this will be the beginning of a continuing dialogue and improved lines of communication between the two organizations.

Sincerely,

Mary E. Davis

Mary E. Davis, M.A., R.N.,
Chairperson,
Council of Practical Nurse Programs of NYS
Director of Nursing,
Clara Barton High School for Health Professions

Enc.

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#160 LPN
INTRAVENOUS THERAPY



COUNCIL OF PRACTICAL NURSE PROGRAMS
OF
NEW YORK STATE

May 25, 1988

Mr. Thomas Sobol, Commissioner
New York State Education Department
Washington Avenue
Albany, NY 12234

Dear Mr. Sobol:

The Executive Board of the Council of Practical Nursing Programs of New York State represents the School of Practical Nursing in New York State. We wish to go on record as supporting the authority of the State Board for Nursing, the State Education Department, and the Board of Regents of New York State to regulate the licensure and/or practice of Licensed Practical Nurses in New York State.

Practical Nurses performing procedures which are currently classified as beyond the scope of Licensed Practical Nursing practice by the New York State Board for Nursing will be in danger of malpractice suits and loss of licensure.

We believe the authority to regulate the practice of a profession must remain, as stated in Section 6507 of the Education Law, with the Commissioner of Education and the Respective Board. In this instance, the Board for Nursing.

Sincerely,

Mary E. Davis

Mary E. Davis, M.A., RN
Chairperson, Council of
Practical Nurse Programs of
New York State

Director of Nurses
Clara Barton High School
School of Practical Nursing

MED:rf



COUNCIL OF PRACTICAL NURSE PROGRAMS
OF
NEW YORK STATE

May 25, 1988

Robert Abrams, Esquire
New York State Attorney General
New York State Law Department
The Capital
Albany, NY 12224

Dear Mr. Abrams:

The Executive Board of the Council of Practical Nursing Programs of New York State represents the Schools of Practical Nursing in New York State. We wish to go on record as supporting the authority of the State Board for Nursing, the State Education Department, and the Board of Regents of New York State to regulate the licensure and/or practice of Licensed Practical Nurses in New York State.

Practical Nurses performing procedures which are currently classified as beyond the scope of Licensed Practical Nursing practice by the New York State Board for Nursing will be in danger of malpractice suits and loss of licensure.

We believe the authority to regulate the practice of a profession must remain, as stated in Section 6507 of the Education Law, with the Commissioner of Education and the Respective Board. In this instance, the Board for Nursing.

Sincerely,

Mary E. Davis

Mary E. Davis, M.A., RN
Chairperson, Council of
Practical Nurse Programs of
New York State

Director of Nurses
Clara Barton High School
School of Practical Nursing

MED:rf

#160 LPN
INTRAVENOUS THERAPY



COUNCIL OF PRACTICAL NURSE PROGRAMS
OF
NEW YORK STATE

May 25, 1988

Mr. David Axelrod, Commissioner
New York State Health Department
Empire State Plaza
Albany, NY 12223

Dear Mr. Axelrod:

The Executive Board of the Council of Practical Nursing Programs of New York State represents the School of Practical Nursing in New York State. We wish to go on record as supporting the authority of the State Board for Nursing, the State Education Department, and the Board of Regents of New York State to regulate the licensure and/or practice of Licensed Practical Nurses in New York State.

Practical Nurses performing procedures which are currently classified as beyond the scope of Licensed Practical Nursing practice by the New York State Board for Nursing will be in danger of malpractice suits and loss of licensure. ..

We believe the authority to regulate the practice of a profession must remain, as stated in Section 6507 of the Education Law, with the Commissioner of Education and the Respective Board. In this instance, the Board for Nursing.

Sincerely,

Mary E. Davis
Mary E. Davis, M.A., RN
Chairperson, Council of
Practical Nurse Programs of
New York State

MED:rf

Director of Nurses
Clara Barton High School
School of Practical Nursing

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INTRAVENOUS THERAPY

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THE STATE EDUCATION DEPARTMENT THE STATE OF NEW YORK

OFFICE OF THE STATE BOARD FOR NURSING

May 5, 1987

TO: Bill Reynolds
Director, Bureau of
Standards Development
Department of Health

FROM: Milene A. Megel, RN, PhD
Executive Secretary
State Board for Nursing

RE: The Role of the LPN in Intravenous Therapy

It has come to the attention of the State Education Department Nursing Education Unit and New York State Board for Nursing that new sections have been added to the amendment related to the role of LPN's in IV Therapy (Chapter V, Sub-Chapter A, Article 1, Part 400.14 and Part 700.4).

Based upon a 2 December 1986 request from Betty Loomis-Reagan for a review of the proposed regs regarding the role of LPN's in IV Therapy, the Board for Nursing responded in a letter, 5 January 1987, that "the State Board for Nursing and State Education Department do not believe that there is any inconsistency between the proposed Department of Health regulations and the provisions of Education Law and Regulations with regard to select LPN's performing intravenous procedures as outlined in the Department of Health memorandum."

The latest draft received by the Nursing Education Unit now includes 2 additional areas which may be performed by LPN's; activities involving Total Parenteral Nutrition and the procedure of flushing intermittent intravenous devices with solutions to maintain patency.

There has been a unanimous decision by the Executive Committee, on behalf of the State Board for Nursing, that these procedures are beyond the scope of practice of an LPN.

MAM/cdc

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INTRAVENOUS THERAPY

James Whitney

May 13, 1987

Thomas E. Sheldon

Adopted regulation of the Health Department regarding the Role of the LPN in IV therapy

The attached letter was hand delivered to the Office of Bill Reynolds for oral presentation to the State Hospital Review and Planning Council of the Health Department on Wednesday, 6 May 1987. The Council, despite testimony from the Board for Nursing and New York State Nurses Association, voted to accept the regulation with the two additional areas spoken to in the letter to Bill Reynolds. The Board for Nursing seriously questions the quality of care to be delivered in these instances.

The National Intravenous Therapy Association, Inc., has taken a strong stand against the involvement of LPNs in any part of IV therapy. The Board for Nursing, after two years of being involved in the Health Department's discussion of the LPN role in IV therapy, gave approval to the regulation published in the 1 April 1987 Register.

I am enclosing a chronology of the role of the LPN in IV therapy prepared by Gail Rosettie on 8 December 1986 and revised recently.

Approximately 15 years ago, LPNs were considered an economic and feasible alternative to having all RN staffs. With the rise in patient acuity levels now being seen in hospitals, LPNs are only able to perform limited functions at the bedside. It is ironic that while the role of LPNs is diminishing in other states, New York State institutions are practicing institutional licensure and expanding the role of the LPN into an area which exceeds their educational preparation.

This regulation will allow LPNs to participate in total parenteral nutrition via a subclavian line not only in the hospital where the presence of supervising RNs would be available, but in skilled care facilities and in the patients' homes where RNs are scarce or non-existent. Patient risks of hemorrhage, infection and untoward reactions are much greater with central venous lines, as used in total parenteral nutrition, than with routine peripheral intravenous therapy. This procedure also appears to permit LPNs to change complex dressings at the central venous line site. Attached for your consideration is a draft letter to the Counsel of the Department of Health. Please feel free to contact Milene Megel or me if you wish to discuss this issue and proposed letter.


Also enclosed, for your information is a copy of the regulation pertaining to the role of LPNs and IV therapy and a statement of practical nurse role delineation prepared by the National Council of State Boards of Nursing.

Attachment

cc: Milene A. Megel ✓

Gail A. Rosettie

NEW YORK



THE STATE OF LEARNING

OFFICE OF THE STATE BOARD FOR NURSING

Updated May 6, 1987

CHRONOLOGY

Role of LPN in I.V. Therapy

Department of Health contacted the State Education Department for an opinion on LPN initiating intravenous for administration of I.V. fluids. Prior to this time LPN's were not permitted to perform this task.

Draft memorandum was prepared by the Department of Health, with procedures which were developed following substantial research by the staff of the Bureau of Standards Development, Department of Health.

Draft proposal presented to the State Board for Nursing for review. The document was accepted in principle. However, concerns were expressed that related to establishing limitations of the LPN's role in terms of client's age, anatomical sites, client conditions, and to the role of the LPN in medications by I.V., specially if the medicated fluids were mixed and hung by different individuals. Three Board members were appointed to work with the State Education Department's legal counsel to clarify these concerns and recommend revisions.

Three members of the board discussed Board's concerns and recommended revisions to the State Education Department's legal counsel. These concerns were reviewed by legal counsel and comments forwarded to the Department of Health.

#160 LPN INTRAVENOUS THERAPY

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December 1984

Issuance of memorandum, "Role of Licensed Practical Nurse in Intravenous Therapy", Department of Health (APPENDIX A).

January/April 1985

Over 250 letters plus numerous phone calls were received by the Department of Health expressing concerns about the memorandum, its impact on staffing, and its interpretation (APPENDIX B).

May 1985

In response to concerns from across the State, a study group was formed to evaluate the effects of the memorandum. This group comprised health care providers and professionals including licensed practical nurses. Barbara Weiss-Bianco and Carolyn Sherry represented the Board for Nursing. concerns expressed were:

- In the past, LPN's have been responsible for I.V. medications
- LPN's believe they have the appropriate preparation to handle I.V. medications and therefore should be permitted to hang medicated fluids
- Staffing patterns in some agencies precludes implementation of the memorandum
- Fear of LPN lay-offs to hire RN's has occurred in some agencies (becomes economic problem)

Concerns expressed seem to differ according to geographic regions.

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INTRAVENOUS THERAPY

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July 1985

Meeting with representatives from Hospital Association of New York State and nursing service administration, (see letter from Seth Gordon, July 9, 1985 for statement of concern (APPENDIX C). Procedure three (3) poses the greatest problem with the arguments for allowing LPN's to hang medicated fluids based on the central theme of the risk factors involved. Confusion regarding medicated fluids and the need to define and clarify terms in the procedure. There was consensus in this group that LPN's should not add medications to I.V. fluids. Virginia O. Allen agreed to return to the Board for Nursing with the concerns identified for advice on resolution of the issue.

July 1985

Chronology and concerns shared with Nursing Practice Committee, Board for Nursing.

July 1985

Ad Hoc committee of Nursing Practice Committee met to discuss the memorandum and expressed concerns. Revisions were recommended for Board for Nursing approval. (APPENDIX D).

August 2, 1985

Revisions were presented to the Board for Nursing. It was unanimously adopted that the amended position be forwarded to legal counsel of SED.

August 13, 1985

Virginia Allen memo to legal counsel indicating suggested revisions of Department of Health Memorandum, dated 12/3/84, by the Board for Nursing.

August 19, 1985

Legal counsel memo in response to V. Allen's memo indicating that a possible solution to this problem would be an enactment of DOH regulations authorizing specially trained LPNs in hospitals to perform additional services with respect to I.V. therapy beyond those which may be performed by all LPN's.

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LPN

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October 15, 1986

G. Rosettie attended a meeting in the DOH and emphasized again that LPN's do not receive theory and practice regarding I.V. therapy in practical nursing programs. Medication theory and practice is inconsistent and generally limited. I also pointed out the results of the 1983 study conducted by CTB/McGraw Hill for NCSBN which indicated that intravenous activities are never performed by a two-thirds majority of practical nurses on entry into the profession. (APPENDIX E).

December 2, 1986

Receipt in the Nursing Education Unit of first draft of the regulations and DOH Memorandum concerning the role of LPN's and I.V. therapy, with a response requested by December 26, 1986.

January 5, 1987

Letter to Betty Loomis-Reagan indicating Board for Nursing and Department approval of the draft regs.

April 1, 1987

Register indicated no change in regs reviewed by Board and SED.

May 4, 1987

Nurse Unit received a call from NYSNA indicating TPN and I.V. flush activities added to draft regs. Regs were to be presented 5/6/87 at Code Hearing.

May 5, 1987

Telephone conference with Executive Committee of Board during which the Committee voted unanimously that these two activities are beyond the scope of practice of LPN's. Letter written to B. Reynolds, DOH, conveying Board's decision.

May 6, 1987

B. Reynolds presented Board's position during Code Hearing. Regs approved as revised permitting LPN's to do TPN and I.V. flush activities.

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INTRAVENOUS THERAPY



DAVID AXELROD, M.D.
Commissioner

STATE OF NEW YORK
DEPARTMENT OF HEALTH
ALBANY

RECEIVED

DEC 29 1987

COMMISSIONER
OF EDUCATION

December 24, 1987

Dear Mr. Sobol:

This pertains to my recent decision amending the State Hospital Code to expand the role of the licensed practical nurse (LPN) in performing intravenous therapy procedures in health care facilities and agencies regulated by this Department.

The State Education Department's Board for Nursing has been working with the Department for a number of years on issues involving the LPN and intravenous therapy procedures. Regulations were developed to reflect numerous discussions and a continuing dialogue between our Departments. The regulations were adopted by the State Hospital Review and Planning Council (SHRPC) in May, 1987, with the hope that some last minute expressions of concern by the State Board for Nursing could be resolved prior to filing the regulations with the Secretary of State. Unfortunately, this was not the case.

At a meeting in November, 1987, hospital and home health agency representatives met with staff of the Department and the Executive Secretary of the State Board for Nursing to discuss the outstanding issues. Although there was general agreement on the expanded LPN role in hospitals and nursing homes, the Board did not support the regulations in their entirety as applied to those settings, and rejected any role for LPNs to participate in IV therapy in the home.

After careful consideration of the matter, I have decided to approve and file the regulations as adopted by the SHRPC. I have determined that imposing the limitations recommended by the Board for Nursing is not in the best interest of patient care. I feel that these procedures as outlined in regulation can be safely performed under the direction of physicians or registered professional nurses by licensed practical nurses with the additional training required by the regulations and under appropriate direction and supervision.

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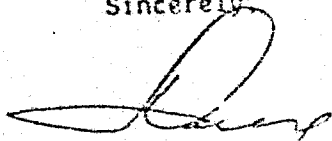
LPN

INTRAVENOUS THERAPY

As you are aware, the Health-Labor Industry Personnel Task Force, on which the State Education Department is represented, has been examining health personnel shortages, particularly the shortage of registered professional nurses. The Task Force recommends that professional groups carefully consider both needs and resources in seeking solutions to health personnel shortages. The Task Force has documented the need to examine the scope of practice of licensed nurses and the articulation of corresponding changes in education and training curricula. I believe that my decision regarding the role of LPNs in performing intravenous therapy is consistent with the Task Force's recommendations.

I know you join me in seeking and promoting new initiatives to address the current and future needs of the health care system without compromising the quality of that care.

Sincerely,



David Axelrod, M.D.
Commissioner of Health

Hon. Thomas Sobol, Ed.D.
Commissioner
New York State Education Department
Education Building, Room 111
Empire State Plaza
Albany, NY 12234

#160 LPN INTRAVENOUS THERAPY

Pursuant to the authority vested in the State Hospital Review and Planning Council by section 2803 of the Public Health Law, Subchapter A, of Chapter V of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, is hereby amended to be effective upon filing with the Secretary of State, as hereinafter indicated:

CHAPTER V

MEDICAL FACILITIES

SUBCHAPTER A

MEDICAL FACILITIES-MINIMUM STANDARDS

ARTICLE 1

GENERAL

PART 400

ALL FACILITIES-GENERAL REQUIREMENTS

(Statutory Authority: Public Health Law §2803)

Part 400 of Article 1 of Subchapter A of Chapter V of Title 10 is hereby AMENDED by adding a new section 400.15 to read as follows:

400.15 The role of the licensed practical nurse in intravenous therapy procedures. (a) For purposes of this section only, facility shall mean any entity licensed or certified pursuant to Articles 28, 36 or 40 of the Public Health Law.

(b) The facility may allow specially trained licensed practical nurses to perform all intravenous therapy procedures except for the administration of blood and blood products, intravenous chemotherapy, a bolus of medication by intravenous push, and certain other procedures involving central venous lines.

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INTRAVENOUS THERAPY

(c) The facility shall ensure that licensed practical nurses allowed to perform intravenous therapy procedures have satisfactorily completed a training program, received supervised clinical experiences and demonstrated competence in the performance of intravenous therapy procedures.

(d) The training program for intravenous therapy shall include as a minimum instruction in:

- (1) the facility's policies and procedures related to intravenous therapy;
- (2) the facility's quality assurance and risk management program;
- (3) anatomy and physiology related to intravenous therapy;
- (4) the solutions and drugs used in intravenous therapy, their pharmacological action and therapeutic effects;
- (5) procedures used for mixing intravenous medications and solutions;
- (6) the signs and symptoms of complications and adverse reactions to intravenous therapy;
- (7) the functions, use and maintenance of intravenous devices and equipment; and
- (8) infection control techniques.

(e) The facility shall ensure that all intravenous therapy procedures performed by the licensed practical nurse are provided in accordance with written policies and procedures approved by the nursing service, pharmaceutical service, administration, medical director, or

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LPN

INTRAVENOUS THERAPY

where applicable, the medical staff, and other professional staff as needed. The facility shall ensure that policies and procedures for intravenous therapy are developed, implemented and reviewed and updated as needed but at least annually.

(f) The facility shall ensure that there is documentation in the licensed practical nurse's personnel file which indicates the training program attended, number of hours and content of the program, supervised clinical experiences and approval to perform intravenous therapy procedures.

(g) Inservice education programs shall be conducted to update and inform the licensed practical nurse of new intravenous therapy procedures and medications and to evaluate continued competence. The programs shall be conducted as often as necessary but at least on an annual basis and be documented in the personnel file of the licensed practical nurse.

(h) The licensed practical nurse approved to perform intravenous therapy procedures shall be under the direction of a registered professional nurse.

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LPN

INTRAVENOUS THERAPY

RNs hot over new rules easing limits on LPN duties

By DOLORES WHISKEYMAN

A new state rule allowing health-care providers greater latitude in using licensed practical nurses for certain duties has provoked an uproar from registered nurses across the state.

The New York State Nurses Association says its members could be in danger of losing their licenses if they are forced to supervise LPNs selected to administer intravenous therapy.

Hospitalized patients frequently receive nutrients, fluids and medications through a tube inserted into a vein. Until January, only registered nurses in New York could administer such treatment.

But the Health Department now permits health-care facilities faced with a shortage of RNs to train LPNs to carry out these tasks.

The issue is so hot that the registered nurses' group has sued Health Commissioner David Axelrod to overturn the ruling.

"It's really a Catch-22," said Milene Magel, executive secretary for the New York State Board for Nursing. "If they selected an LPN on their floor to carry out I.V. therapy, and this person was found to be incompetent, [the RN] could be brought up on charges that the registered nurse should have known."

Both the nurses' group and the nursing board insist the new ruling is a misguided effort on the part of the Health Department to ease the growing shortage of nurses.

The Health Department, however, sees things much differently.

"There has to be a demonstration of clinical competence," said Faith Schottenfeld, spokeswoman for the Health Department. "It's an opportunity for hospitals faced with a staff shortage to expand the horizons for LPNs and free the RNs for other things."

The measure, she said, is not meant as a permanent solution to the nursing shortage.

"I don't know how many facilities will choose to do this," she said. "It's part of a large package of things being looked at. It's part of the short-term solution. In the long-term, you've got to get more RNs in there."

Both the state nurses' association and the nursing board, an advisory panel to the state Board of Regents, object to two aspects of the new ruling.

They oppose allowing LPNs to administer intravenous therapy to central lines—veins in the main part of the body. For patients who are not seriously ill, nurses often insert the I.V. into peripheral lines, or veins in the arms or feet.

They also argue that physicians or registered nurses should directly supervise the LPN. For that reason, they oppose extending the privilege to LPNs in home-care settings—where no RN or physician is present—to administer the therapy.

Registered nurses say the rule change gives institutions a flexibility they find disturbing. Having campaigned for years to standardize educational requirements for nurses, they are offended at any move that looks like a step toward institutional licensure.

The complexity of the procedure also is a critical concern for the nursing board, Magel said.

Intravenous therapy in major blood vessels is a serious and potentially deadly pro-

cess, she said. Patients who need it are very ill, and very susceptible to infection.

"It's not the intelligence of the LPN being called into question," she said. "It's the educational background she has to make critical decisions should something go wrong."

In New York, registered nurses have two to four years of education. Licensed practical nurses, however, have seven to 11 months' training. Magel said that of the 61 LPN programs in the state, 38 are taught in high schools.

Whiskeyman is a reporter for the Rochester Business Journal, an affiliated publication.

APR 12

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LPN

INTRAVENOUS THERAPY

GUIDELINES FOR PROVIDING AN AFFIDAVIT

NYSNA's legal counsel has requested that individual NYSNA members provide affidavits to support the Association's right to bring legal action regarding the Department of Health's regulation concerning LPNs and Intravenous Therapy. A nurse's statement providing information for an affidavit must be available to NYSNA counsel by March 16, 1988.

The nurse member's statement should address the following:

1. Name of the NYSNA member.
2. Length of time in the profession.
3. Length of membership in NYSNA.
4. Description of practice, e.g., hospital, home care, private practice and speciality practice.
5. There should be discussion of the following:
 - a. the issue at stake involves all professional nurses in New York State, both NYSNA members and nonmembers;
 - b. how the Department of Health's regulation being challenged affects the writer's scope of practice;
 - c. the writer's belief that the Department of Health has adopted a regulation which expands the LPN's scope of practice beyond what is appropriate, safe, reasonable, and in the best interests of patients;
 - d. the writer believes that patient safety is at jeopardy; and
 - e. under Education Law, Article 139-Nursing, the registered professional nurse has the responsibility for supervising the practice of licensed practical nurses;
 - f. total parenteral nutrition and other procedures involving central venous lines require the expertise and knowledge of a registered professional nurse and are not currently being done by LPNs;
 - g. the writer's understanding that the State Board for Nursing has unanimously agreed that total parenteral nutrition and central venous lines are beyond the scope of practice of a LPN;
 - h. the writer has serious concern that if a RN allows a LPN to do total parenteral nutrition/central venous lines that the RN will be potentially subject to professional discipline and/or be exposed to a malpractice situation.

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INTRAVENOUS THERAPY

6. The writer believes that it is most appropriate that the New York State Nurses Association, which is the professional nursing organization in New York State, brings this legal action and that the writer supports the Association's action and position.
7. The writer believes that in order to ensure that the citizens of New York State receive appropriate nursing care, that the issue of the State Board for Nursing/State Education Department authority for determining the scope of nursing practice be resolved.
8. The nurse member should follow these steps:
 - a. put comments into a statement format; and
 - b. send statement by overnight letter to Karen Ballard, Director of Nursing Practice and Services Program, NYSNA, 2113 Western Avenue, Guilderland, NY 12084.
9. NYSNA's legal counsel will put the nurse's statement into affidavit format and return by overnight mail to the nurse for signing. If the nurse is from the tri-city area she may be asked to come to legal counsel's office for the signing.
10. The nurse should return the signed affidavit immediately by overnight or express mail.

KAB/pr
3/11/88

#160 LPN INTRAVENOUS THERAPY

Pursuant to the authority vested in the State Hospital Review and Planning Council by section 2803 of the Public Health Law, Subchapter A, of Chapter V of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, is hereby amended to be effective upon filing with the Secretary of State, as hereinafter indicated:

CHAPTER V

MEDICAL FACILITIES

SUBCHAPTER A

MEDICAL FACILITIES-MINIMUM STANDARDS

ARTICLE 1

GENERAL

PART 400

ALL FACILITIES-GENERAL REQUIREMENTS

(Statutory Authority: Public Health Law §2803)

Part 400 of Article 1 of Subchapter A of Chapter V of Title 10 is hereby AMENDED by adding a new section 400.15 to read as follows:

400.15 The role of the licensed practical nurse in intravenous therapy procedures. (a) For purposes of this section only, facility shall mean any entity licensed or certified pursuant to Articles 28, 36 or 40 of the Public Health Law.

(b) The facility may allow specially trained licensed practical nurses to perform all intravenous therapy procedures except for the administration of blood and blood products, intravenous chemotherapy, a bolus of medication by intravenous push, and certain other procedures involving central venous lines.

(c) The facility shall ensure that licensed practical nurses allowed to perform intravenous therapy procedures have satisfactorily completed a training program, received supervised clinical experiences and demonstrated competence in the performance of intravenous therapy procedures.

(d) The training program for intravenous therapy shall include as a minimum instruction in:

- (1) the facility's policies and procedures related to intravenous therapy;
- (2) the facility's quality assurance and risk management program;
- (3) anatomy and physiology related to intravenous therapy;
- (4) the solutions and drugs used in intravenous therapy, their pharmacological action and therapeutic effects;
- (5) procedures used for mixing intravenous medications and solutions;
- (6) the signs and symptoms of complications and adverse reactions to intravenous therapy;
- (7) the functions, use and maintenance of intravenous devices and equipment; and
- (8) infection control techniques.

(e) The facility shall ensure that all intravenous therapy procedures performed by the licensed practical nurse are provided in accordance with written policies and procedures approved by the nursing service, pharmaceutical service, administration, medical director, or

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where applicable, the medical staff, and other professional staff as needed. The facility shall ensure that policies and procedures for intravenous therapy are developed, implemented and reviewed and updated as needed but at least annually.

(f) The facility shall ensure that there is documentation in the licensed practical nurse's personnel file which indicates the training program attended, number of hours and content of the program, supervised clinical experiences and approval to perform intravenous therapy procedures.

(g) Inservice education programs shall be conducted to update and inform the licensed practical nurse of new intravenous therapy procedures and medications and to evaluate continued competence. The programs shall be conducted as often as necessary but at least on an annual basis and be documented in the personnel file of the licensed practical nurse.

(h) The licensed practical nurse approved to perform intravenous therapy procedures shall be under the direction of a registered professional nurse.

#160 LPN INTRAVENOUS THERAPY

THE ROLE OF THE LICENSED PRACTICAL NURSE IN INTRAVENOUS THERAPY PROCEDURES ASSESSMENT OF PUBLIC COMMENTS

Comments were received by the Department from six interested parties on the proposed regulations. These include comments from health care providers, the New York State Nurses Association, a nursing educator, and the State Board for Nursing, State Education Department. Listed below is a summary of comments and the Department's response by subject area.

Educational Preparation

Four commentors stated that the basic educational background for practical nurses does not generally prepare the licensed practical nurse (LPN) to perform all intravenous therapy procedures. The Department recognized this and at the suggestion of the State Board for Nursing in 1985, developed an outline for a comprehensive training program for the performance of intravenous therapy procedures. This outline was designed by practical nurse educators, health care providers and representatives of the State Board for Nursing, and will be a part of the Department of Health Memorandum sent to the field to accompany the regulations. Before an LPN is approved to perform intravenous therapy, he/she must satisfactorily complete this training program, receive supervised clinical experience and demonstrate competence.

Two comments were received in support of the training program.

Practice Sites

Two comments were received regarding the practice sites for an LPN to perform intravenous therapy. The comments centered on the lack of direct supervision by a registered professional nurse (RN) in home health care. The Department's response is that the regulations require that the LPN perform these functions under the direction of an RN and in the case of home care this is interpreted to require the direct supervision of the registered professional nurse during the initial administration of intravenous therapy. Depending on the outcome from this initial administration, subsequent intravenous therapy may be performed by the licensed practical nurse without direct supervision. We have included this interpretation in the Department of Health Memorandum which accompanies these regulations. The existing regulations governing the provision of services by certified home health agencies and licensed home care services require that all staff are adequately supervised when delivering care in patient homes.

One commentor felt that it was not necessary to include residential health care facilities (RHCs) as practice sites in the regulation, as very few patients at this level of care would need intravenous therapy. The Department did not change the regulation to eliminate RHCs as a site of service because these facilities are currently admitting more patients needing complex care, some of whom need intravenous therapy.

#160 LPN INTRAVENOUS THERAPY

Central Venous Lines

Comments were received on allowing certain procedures involving central venous lines to be performed by LPNs in the proposed regulations. One commentor implied that allowing the LPN to perform intravenous therapy via central lines has the following advantages:

- It allows the RN to assume the management of patient care and delegate certain tasks to the LPN.

- It decreases the potential for medication error as it will allow the LPN to administer all the patient's medications.

- It makes it more attractive to hire graduate nurses who have not yet passed their State Board Exams. They still will be able to work as an LPN (if licensed) and will be able to perform central venous line therapy.

This commentor also stressed that the current shortage of RNs makes it imperative that LPNs be allowed to perform additional functions.

The State Board for Nursing is opposed to LPNs handling central venous lines, as they consider these procedures beyond the scope of practice of an LPN. In a later letter of comment, the State Board for Nursing offered four reasons why:

- The patient's health is usually severely compromised.
- The infusion is into a major blood vessel.
- The technique is relatively new and products are still being evaluated.

- There is a need for complex assessment skills and close patient monitoring.

After much consultation and consideration, the Department decided to include intravenous therapy including total parenteral nutrition via central venous lines as an allowable task for trained LPNs. The recent findings of the Health-Labor Industry Personnel Task Force which was formed in response to health care personnel shortages has recommended that professional groups carefully consider the resources that are available for the provision of health care. Training the LPN to perform intravenous therapy procedures including the handling of central venous lines will allow hospitals and other providers to use more effectively a valuable resource for the provision of health care. The regulation provides a standard that all facilities, home care services agencies and hospice programs must follow if they allow these specially trained LPNs to perform these functions.

In addition, for many hospitals, particularly tertiary care facilities, it has become standard procedure for patients to receive parenteral therapy via central lines rather than peripheral lines. Therapy for many diseases requires repeated or continuous, reliable access to veins. Repeated use of peripheral lines can cause a great deal of patient discomfort and frequent complications such as phlebitis and thrombosis.

RHCPs and home care service agencies will increasingly be admitting patients discharged from higher level of care facilities with these lines in place.

#160 LPN
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Revised Regulatory Impact Statement

for

The Role of the Licensed Practical Nurse

in Intravenous Therapy Procedures

(400.15) and (700.4)

Section 400.14 as originally proposed has been renumbered to become section 400.15.

One substantive change was made in the proposed regulations on the Role of the Licensed Practical Nurse in Intravenous Therapy Procedures.

In subdivision 400.15(b) and 700.4(b), the list of exceptions was amended to allow a specially trained licensed practical nurse (LPN) to perform total parenteral nutrition and certain other procedures involving central lines.

The Department feels that specially trained LPNs can handle total parenteral nutrition and other central venous line procedures under appropriate supervision.

The recent findings of the Health-Labor Industry Personnel Task Force support the need to promote new ways to use current health personnel to meet existing and future health care needs.

This change did not necessitate a modification of the original regulatory impact statement, nor the original regulatory flexibility analysis.

Revised Regulatory Flexibility Analysis

Although one substantive change was made in the proposed regulations on the role of the licensed practical nurse in intravenous therapy procedures, the change does not necessitate any changes to the Regulatory Flexibility Analysis.

#160 LPN
INTRAVENOUS THERAPY

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION

2113 Western Avenue, Guilderland, N.Y. 12084, (516) 456-5371

January 11, 1988

Dr. Milene Megel
Executive Secretary
New York State Board for Nursing
State Education Department
Cultural Education Center
Albany, NY 12230

Dear Dr. Megel:

The New York State Nurses Association is very concerned about the proposed adoption of regulation by the State of New York which will expand the practice of licensed practical nurses in the area of intravenous therapy. This Association would like clarification by the State Board for Nursing of certain items which we believe are impacted by this regulation.

These questions are:

1. Does the State Board for Nursing consider the regulation as proposed for adoption beyond the scope of practice of licensed practical nurses?
2. What activities within the proposed regulation could licensed practical nurses legally perform?
3. What activities within the proposed regulation should licensed practical nurses not perform?
4. If a registered professional nurse were to supervise a licensed practical nurse in the performance of an activity which the State Board considers inappropriate for LPNs, would the registered professional nurse be in violation of the Nurse Practice Act?
5. Would the State Board for Nursing pursue disciplinary proceedings against licensed practical nurses and registered professional nurses who engage in the objectionable activities in the proposed regulation?



Dr. Milene Megel
November 11, 1988
Page 2

6. If total parenteral nutrition is one of the objectionable activities, would the State Board for Nursing explain the types of therapy which fall within this category? Please give examples.

The New York State Nurses Association is currently exploring all options in relation to this matter. Your response to these questions will assist in interpreting the regulation to the NYSNA Board of Directors, our members and legal counsel.

Sincerely,

Karen A. Ballard
Director
Nursing Practice and Services Program

KAB/pr
bcc: Martha L. Orr

#160 LPN
INTRAVENOUS THERAPY

240 Abbey Street
Massapequa Park,
New York 11762
March 5, 1988

New York State Nurses' Association
Guilderland,
New York

To Whom it May Concern:

This letter is to support the position of the State Nurses' Association regarding allowing L.P.N.'s to start and maintain intravenous lines. I believe that this policy would seriously hinder patient care. I have been in nursing long enough to remember a time when L.P.N.'s were allowed to mix I.V.'s and maintain them. Because of the problems caused by their limited knowledge and assessment skills, this policy was discontinued. It is certainly a step backward. There is a need to increase the numbers of highly trained R.N.'s with B.S.N.'s in order to improve patient care. The L.P.N. has a place in providing basic patient care, but not in the highly technical areas such as critical care. If the State wishes to allow L.P.N.'s to perform the duties of the R.N., then the State should be willing to send them to college to become R.N.'s.

You may use this letter in any way you see fit to support the State Nurses's Assotiation position.

Yours truly,

Mary Koslap-Petraco

Mary Koslap-Petraco R.N., B.S.N.

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NEW YORK 12234

PRESIDENT OF THE UNIVERSITY
AND COMMISSIONER OF EDUCATION
THE NEW YORK STATE EDUCATION DEPARTMENT
ALBANY, NEW YORK 12234



March 15, 1988

Dr. Juanita K. Hunter
President
New York State Nurses Association
2113 Western Avenue
Guilderland, NY 12084

Dear Dr. Hunter:

I write in reply to your letter of February 23, 1988. I appreciate your willingness to share the rationale for your recent challenge of the Department of Health's regulations regarding intravenous therapy procedures by licensed practical nurses. Inasmuch as the matter is in litigation that involves this agency, I can make no further comment at this time.

Thank you for writing.

Sincerely,

Thomas Sobol
Thomas Sobol

#160 LPN INTRAVENOUS THERAPY

GUIDELINES FOR PROVIDING AN AFFIDAVIT

NYSNA's legal counsel has requested that individual NYSNA members provide affidavits to support the Association's right to bring legal action regarding the Department of Health's regulation concerning LPNs and Intravenous Therapy. A nurse's statement providing information for an affidavit must be available to NYSNA counsel by March 16, 1988.

The nurse member's statement should address the following:

1. Name of the NYSNA member.
2. Length of time in the profession.
3. Length of membership in NYSNA.
4. Description of practice, e.g., hospital, home care, private practice and speciality practice.
5. There should be discussion of the following:
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 - b. how the Department of Health's regulation being challenged affects the writer's scope of practice;
 - c. the writer's belief that the Department of Health has adopted a regulation which expands the LPN's scope of practice beyond what is appropriate, safe, reasonable, and in the best interests of patients;
 - d. the writer believes that patient safety is at jeopardy; and
 - e. under Education Law, Article 139-Nursing, the registered professional nurse has the responsibility for supervising the practice of licensed practical nurses;
 - f. total parenteral nutrition and other procedures involving central venous lines require the expertise and knowledge of a registered professional nurse and are not currently being done by LPNs;
 - g. the writer's understanding that the State Board for Nursing has unanimously agreed that total parenteral nutrition and central venous lines are beyond the scope of practice of a LPN;
 - h. the writer has serious concern that if a RN allows a LPN to do total parenteral nutrition/central venous lines that the RN will be potentially subject to professional discipline and/or be exposed to a malpractice situation.
6. The writer believes that it is most appropriate that the New York State Nurses Association, which is the professional nursing organization in New York State, brings this legal action and that the writer supports the Association's action and position.
7. The writer believes that in order to ensure that the citizens of New York State receive appropriate nursing care, that the issue of the State Board for Nursing/State Education Department authority for determining the scope of nursing practice be resolved.
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9. NYSNA's legal counsel will put the nurse's statement into affidavit format and return by overnight mail to the nurse for signing. If the nurse is from the tri-city area she may be asked to come to legal counsel's office for the signing.
10. The nurse should return the signed affidavit immediately by overnight or express mail.

KAB/pr
3/11/88

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LPN

INTRAVENOUS THERAPY

GUIDELINES FOR PROVIDING AN AFFIDAVIT

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 - g. the writer's understanding that the State Board for Nursing has unanimously agreed that total parenteral nutrition and central venous lines are beyond the scope of practice of a LPN;
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INTRAVENOUS THERAPY

6. The writer believes that it is most appropriate that the New York State Nurses Association, which is the professional nursing organization in New York State, brings this legal action and that the writer supports the Association's action and position.
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10. The nurse should return the signed affidavit immediately by overnight or express mail.

KAB/pr
3/11/88

#160 LPN INTRAVENOUS THERAPY

JKH



Home Health Services

Westchester Jewish
Community Services

456 North Street
White Plains, N.Y. 10605
(914) 949-1415

New York State Nurses Association
Ms. Juanita K. Hunter, President
2113 Western Avenue
Guilderland, NY 12084

March 4, 1988

Dear Ms. Hunter:

I was very gratified to receive the announcement of litigation with the New York State Health Department about the recent regulation regarding LPN's and I.V. therapy.

I have enclosed a copy of a letter which I wrote to the Governor on February 23, 1988 about the same issue. I'm pleased to see that the Nurses Association is taking the necessary steps to uphold professional standards and protect the quality of patient care.

If you have any questions, please don't hesitate to call.

Sincerely,

Joan E. Caserta

Joan E. Caserta, RN, MPH, FAAN
Director of Certified Home Health
Services of WJCS, Inc.

JEC/es

enclosure

President
Alan R. Balin
Executive Director
Kenne Pollock, ACSW
Deputy Executive
Director
Ronald Gaudin, ACSW

Vice-Presidents
Frances Bonerole
Penny Goldsmith
Emily Grant
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Secretary
Elizabeth Jaffe

Director of Certified
Home Health Services
Joan Caserta, RN, MPH
Director of
Homecare Services
Alice Hand, CSW



Certified by U.S. Department
of Health and Human Services
Licensed by New York State
Department of Health
Approved by Westchester County
Department of Social Services

The Honorable Mario Cuomo, Governor
of the State of New York
State House
Albany, New York 12237

February 23, 1988

Dear Governor Cuomo:

I am deeply concerned about a set of regulations recently adopted by the State Health Department. I made comments on these and recently received a response, a copy of which is enclosed.

These final regulations will allow licensed practical nurses to start intravenous fluids and feedings on homebound persons in their places of residence, as well as in institutions.

I specifically wrote in opposition to allowing LPNS to carry out this responsibility in the home health agency at the time where access to on site nursing and medical supervision is non-existent. The Department did not even listen to the experts on the State Board of Nursing who were opposed to LPNS providing nursing techniques on "central venous lines."

I respectfully request that you intervene and reverse the State Health Department's increasing trend to lower quality standards by allowing persons who are not prepared to carry out unsupervised medical techniques. Lowering standards is not the answer to the nursing shortage in New York State.

Enrollments in schools of nursing would accelerate if concerned officials, like yourself, publicly recognized the contribution professional nurses make to the health and safety of the individual and the community. Thank you for any assistance you can give me in this matter.

Sincerely yours,

Joan E. Caserta

Joan E. Caserta, RN, MPH, FAAN

enclosure

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LPN

INTRAVENOUS THERAPY

JKH

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

April 5, 1988

E. Ann McGuane
Director
Marion S. Whelan School of Practical Nursing
Geneva General Hospital
196-98 North Street
Geneva, NY 14456

Dear Ms. McGuane:

I very much appreciated the opportunity of speaking with you concerning the regulations on intravenous therapy by licensed practical nurses. As you suggested, I am enclosing information concerning the Association's pending legal action against the Health Department and concerning the Association's position on intravenous therapy by LPNs.

This is a matter of utmost importance for the profession of nursing in this state. The regulation of the professions is, by law, granted to the State Education Department. In nursing, that regulation is exercised by the Regents and the Commissioner of education, advised by the State Board for Nursing. If the Commissioner of Health is permitted to exercise control over the practice of nursing, overturning the expressed opinion of the State Board for Nursing, the Nurse Practice Act will be made all but inoperative.

Equally important to NYSNA is the substantive content of the Commissioner's regulations. These regulations permit LPNs to carry out responsibilities in intravenous therapy for which they are not prepared. The procedures in question are those involving central venous lines, which, as you undoubtedly know, require much more knowledge than simple technical training.

I would more than pleased to discuss this matter with the Council of Practical Nurse Programs at the regional or State level and to respond to any questions or concerns which practical nurse



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E. Ann McGuane
April 5, 1988
Page Two

educators might have. It would be especially beneficial if we could obtain testimony in the legal proceeding, either in person or by affidavit, concerning the Council's position on the preparation of LPNs for the disputed tasks.

Thank you again for your willingness to discuss these issues with me. I look forward to further dialogue with you.

Sincerely,

Martha L. Orr

Martha L. Orr
Executive Director

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LPN

INTRAVENOUS THERAPY

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION

2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

February 23, 1988

Dear Colleague:

This communication is to inform you that on February 22, 1988, The New York State Nurses Association brought legal action against the New York State Departments of Health and Education. NYSNA is challenging the Department of Health's new regulations, which became effective on January 18, 1988, governing intravenous therapy procedures by licensed practical nurses. On March 11, 1988, this matter will be heard by a New York State Supreme Court judge in the Association's effort to obtain a restraining order to prevent the Health Department from implementing the regulations and to declare the regulations void.

The regulations were adopted by the State Hospital Review and Planning Council last spring. At that time, portions of the regulations were opposed by both the State Board for Nursing and The New York State Nurses Association. Final promulgation of the regulations had been postponed pending resolution of scope of practice questions between the State Education Department and the Department of Health.

While NYSNA was generally supportive of appropriate expansion of LPN practice in intravenous therapy administration, the Association strongly objected to the inclusion in the regulations of total parenteral nutrition, hyperalimentation, and other procedures involving the use of central venous lines. The State Board for Nursing also objected to the LPN's involvement in any intravenous procedures involving central venous lines. In addition, the State Board for Nursing supported LPN practice of intravenous therapy only in hospitals and long term care facilities where there could be appropriate supervision of the LPN by a registered professional nurse.

NYSNA believes that the current level of education of LPNs in New York is insufficient to prepare them for the procedures in question. Many LPN programs contain minimal content in pharmacology or basic sciences. In general, the Association believes that the knowledge base required for the safe performance of these highly sophisticated and technically complex procedures is not provided in LPN programs.



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February 23, 1988
Page Two

NYSNA further believes that determinations regarding the appropriate scope of practice of professional and practical nurses in New York legitimately belong to the State Education Department through the State Board for Nursing. It is NYSNA's position that the Department of Health has exceeded its statutory authority by promulgating these regulations.

Therefore, in order to ensure that the citizens of New York receive competent nursing care, NYSNA has sought clarification through the court system of the legality of these regulations. Until this issue is settled, NYSNA would suggest that individuals and health care facilities proceed with caution in any expansion of LPN practice in this area.

The New York State Nurses Association hopes that this serious nursing practice issue will be quickly resolved in a manner which will advance the delivery of nursing care of high quality in New York State. NYSNA will keep its members informed of all developments.

Sincerely,

Juanita K. Hunter

Juanita K. Hunter
President

3/3/88

Dear Mrs. Hunter,
Hooray! and about time! Axelrod
has to be met with an Equal and opposite
force. Do not leave a vacuum! He's a fine,
sensitive, honest, hard-working individual
but he must be inhibited by human beings
with the same characteristics! How else can
he justify to the Gov. his change of mind?
Marian L. Abel, R. N.

#160 LPN
INTRAVENOUS THERAPY

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

Honorable Mario M. Cuomo
Governor of the State of New York
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

This communication is to inform you that The New York State Nurses Association has determined that it is necessary to challenge, through the courts, adoption of the Department of Health's regulations governing intravenous therapy procedures by licensed practical nurses.

NYSNA disagrees with the Department of Health's opinion that the concerns expressed by the New York State Board for Nursing regarding the regulations were not in the best interests of quality of patient care. This Association believes that the State Board's concerns were appropriately expressed and did indeed address legitimate patient care issues.

The New York State Nurses Association does believe that some basic technical aspects of intravenous therapy can be taught to LPNs. However, we also believe that the current level of education of LPNs in New York is insufficient to prepare them for the procedures related to parenteral nutrition, hyperalimentation, and manipulation of central venous lines. Many LPN programs contain minimal content in pharmacology or basic sciences. In general, the Association believes that the knowledge base required for the safe performance of these highly sophisticated and technically complex procedures is not provided in LPN programs.

NYSNA is very concerned that the citizens of New York State receive appropriate and competent nursing care. While we are very aware of the nursing shortage, NYSNA must question and

bcc:
JKH

Governor Cuomo
February 23, 1988
Page Two

challenge this response by the Department of Health. We believe this new regulation will establish a standard of nursing care which is unsafe and will endanger the health care of the citizens of New York.

Sincerely,

Juanita K. Hunter
President



#160 LPN
INTRAVENOUS THERAPY

bcc: JKH

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2112 Western Avenue, Guilderland, N.Y. 12084, (516) 456-5371

February 23, 1988

Jerome Goldsmith
Chairman, State Hospital Planning and Review Council
Jewish Board of Family and Children
120 West 57th Street
New York, NY 10019

Dear Mr. Goldsmith:

This communication is to inform you that The New York State Nurses Association has determined that it is necessary to challenge, through the courts, adoption of the Department of Health's regulations governing intravenous therapy procedures by licensed practical nurses.

NYSNA disagrees with the Department of Health's opinion that the concerns expressed by the New York State Board for Nursing regarding the regulations were not in the best interests of quality of patient care. This Association believes that the State Board's concerns were appropriately expressed and did indeed address legitimate patient care issues.

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Jerome Goldsmith
February 23, 1988
Page Two

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Sincerely,

Juanita K. Hunter
President

cc: Code Committee
State Hospital Planning and Review Council

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LPN

INTRAVENOUS THERAPY

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Reprinted from *The American Nurse*, Vol. 17, No. 10,
Nov-Dec. 1985.As I See It... offers an opportunity for authors to
express opinions on a variety of issues related to
nursing. Their views do not necessarily reflect
American Nurses' Association policies.

As I see it...

LPNs See Associate Degree as Key to Their Survival



By Sammy Griffin, LPN

When the House of Delegates of the National Federation of Licensed Practical Nurses (NFLPN) met in 1984, members had before them one of the most difficult and vital tasks in the history of licensed practical nursing. Their decisions would determine the survival of their practice.

A new idea was being presented that would profoundly affect them and the practice they represented. This idea was in two parts: first, that their basic preparation should be expanded to a minimum of 18 months; second, that the educational credential earned in this course of study should be the associate degree, a credential recognized by the public and by the academic community. It was understood that the title "Licensed Practical Nurse" was to remain unchanged.

Throughout the convention week there were debates, hearings,

late night conversations and considerable soul searching. Some who had come with the determination to fight this resolution became its strongest supporters when they began to understand its implications for the future of the LPN. When the vote was taken, the NFLPN Resolution on Entry into Practice was adopted.

When delegates returned to their states, they encountered in their constituents the same resistance they themselves had felt at first. Hadn't the agreement been to fight this thing? Delegates and state presidents had their mission cut out for them. Opposition came not only from their members, but also from AD educators, Vo-Tech schools, community college systems, and entire organizations which sprang up with the single purpose to defeat not only this move, but also efforts by ANA to work toward two levels of entry into nursing.

We have been asked throughout the year, "On what data did you base your decision to endorse the expanded curriculum?" The answer is loud and clear—on both anecdotal and empirical data. The anecdotal data has been coming in every week for the past two years from LPNs across the nation saying that LPNs are being laid off, that new graduates can't find jobs, and that practical nursing schools are closing in record numbers because graduates cannot be placed. And

the decision is based on the empirical data of studies and surveys which indicate utilization of LPNs is dropping in acute care settings.

For example, the American Hospital Association's 1984 survey of hospital nursing personnel indicates a much greater decline in hiring and replacement of LPNs than of RNs. The Division of Nursing of the U.S. Department of Health and Human Services is conducting another demographic survey of LPNs, their preparation, employment rate and utilization in health care settings. The division hopes to have the survey completed by the fall of 1986. We expect it will reveal a significant decrease in LPN employment since the division's last survey in 1982, before the advent of the prospective payment system based on diagnostic related groups (DRGs).

The reason given for the decline of LPNs in acute care areas is the severity of patients' illnesses and the increased skills needed to care for these patients. Remember when patients were in intensive care units if they were receiving total parenteral nutrition, had cardiovascular pulmonary lines, or were on respirators? Today, these patients are in general medical and surgical units. Everyone is expected to care for these patients, not just critical care nurses.

Furthermore, patients are in the hospital for shorter stays. They

move on, either to a skilled or intermediate care facility or to their own home. What implications does this have for LPN practice? For one thing, we must be able to assess the patient's condition more quickly, more thoroughly, and more exactly than ever before. While it is true that the registered nurse has the primary responsibility for physical assessment, it is also true that the LPN must make observations, report and record accurately, and recognize changes in condition. Assessments of progress must be made. Discharges are often based on nursing assessments, and with DRGs and the systems of reimbursement in effect today, early discharge seems to be the name of the game. Most practical nurse graduates of today are not adequately prepared for this.

A second implication of the shorter stay has to do with where the patient goes. LPNs staff skilled and intermediate care facilities which are admitting patients in much less stable conditions than in the past. Patients come into these care facilities or back into their own homes with medications and treatments today's LPNs may not be familiar with. LPNs are practicing more and more in home health care, either through a placement agency or independent contracting for private duty. LPNs are making more independent decisions, monitoring

Continued on page 16

#160 LPN INTRAVENOUS THERAPY

POSITION STATEMENT

of the

NATIONAL FEDERATION OF LICENSED PRACTICAL NURSES INC. EXECUTIVE BOARD

REGARDING

EDUCATIONAL PREPARATION OF LP/VN IN THE UNITED STATES

Based on Resolutions adopted by the NFLPN House of Delegates, NFLPN believes that the entry level into nursing practice is the LP/VN.

The future of nursing dictates that we must upgrade our educational preparation in order to meet the future demands in the expansion of medical technology.

The focus of nursing education is changing on all levels of nursing. The LP/VN is recognized as an integral member of the health care team who exercises sound nursing judgement based on educational preparation and gives direct contact in rendering patient care.

As the health care needs of the future change, the formal education and scope of practice of the LP/VN will need to change. Therefore, NFLPN takes the position that the pre-clinical and clinical curriculum for LP/VNs be expanded to a minimum of but not limited to eighteen (18) months and that the graduates be granted an associate degree in nursing that will meet the requirements for practical nurse licensure.

Adopted by NFLPN Executive Board

1/1/84

making LPN Law ^{Barry Rupp}

1. Introduction

2. LPN Regulations - Chronology dated back to 1984

3/8/84 Request review of Regs

5/6/87 Letter to Bill Reynolds - Re. Review of Standards for

LPN & RN Ed - these procedures are beyond scope of LPN

National Intravenous Therapy Assoc. Inc. request Leg

State Hospital Code amended.

3. Labor - Health Industry Wash. Post

Chgo - relationships

supporter union file-telcom

Chgo - Health Industry Emergency

Remuneration Program

Periatric, Inc.

#160 LPN
INTRAVENOUS THERAPY

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 458-5371

December 23, 1987

Dear Colleague,

This letter comes to alert you to the impending final report of the New York State Health Department's Labor-Health Industry Task Force on Health Personnel. This task force was assembled in June by Dr. Axelrod's office ostensibly to study shortages in all categories of health personnel. However, it quickly became apparent that the nursing shortage was to be the primary focus of the Task Force.

In addition to the Task Force there were five sub-committees. NYSNA is represented on the Task Force and on the sub-committees. The final report of the Task Force is expected to be completed before the end of January. Although there is some good news to be expected in the report including increased scholarship assistance for students and strategies to improve the compensation and benefit packages of experienced nurses, there is much in the report that NYSNA disagrees with and is concerned about. Although a concerted effort has been made in the Task Force and sub-committees, NYSNA has not been able to influence a pervasive and, we believe, detrimental trend to dismantle current safeguards for the public good.

There are three proposed recommendations in the recent draft documents which concern us the most. These recommendations represent a significant challenge to each individual nurse and the nursing profession at large.

One authorizes the Commissioner of Education and the Commissioner of Health to declare a "health personnel emergency" for specific licensed occupations. Auxiliary personnel would be permitted to carry out services ordinarily provided by licensed personnel. In addition, there is a suggested provision for challenging professional examinations for licensure without the standardized curriculum.



-2-

The second addresses a proposal for demonstration projects which would permit hospitals and health care institutions to utilize licensed health care personnel with greater flexibility. There seems to be confusion on the part of Task Force members as to the exact nature of these projects, but in our opinion this recommendation potentially promotes the concept of institutional licensure. We have reminded the Task Force on innumerable occasions that practice acts have as their first objective protection of the public and that the citizens of New York State will not be served when common standards for quality care are lacking and when there are differing qualifications for health care providers from institution to institution.

The third recommendation of concern addresses periodic reassessment of scope of practice requirements and other regulations which may be barriers to the utilization of health professions. In our opinion, this recommendation would put into place the opportunity to "sunset" the Nurse Practice Act. We have shared the disastrous and costly experiences of other states when sunsetting has occurred, but to this point our input in this regard has been ignored.

Since the proposed recommendations from this Task Force are of such serious dimension, NYSNA wanted to apprise you of the upcoming final report. It is our expectation that some of the recommendations may be highlighted as early as January 6, 1988 in Governor Cuomo's State of the State message.

In addition, regional open hearings are being considered. According to the Health department, a final decision about hearings has not been made. If held, they would probably be in February or March.

NYSNA urges you to join with us in our efforts to preserve and protect the health of New York State citizens. We must not let others, in their zeal to address the immediate shortage of today, dismantle the standards for quality assurance that have taken decades to develop.

Please listen to Governor Cuomo's address and let him know your opinions about the recommendations. Be prepared to attend and testify at the open hearings, if held. In any event, we will keep you informed of needed actions after the final report is published.

Please contact us if you wish further information. Best wishes for a happy and healthy New Year.

Sincerely,

Juanita Hunter

Juanita K. Hunter, EdD, RN
President

JKH:k

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LPN

INTRAVENOUS THERAPY



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY N.Y. 12230

OFFICE OF THE STATE BOARD FOR NURSING

September 30, 1987

TO: Martha Orr

FROM: Milene A. Megel

MAM
CDC

I apologize for not sending this sooner. The next move is the Department of Health's.

MAM/cdc
Enclosure

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LPN

INTRAVENOUS THERAPY

mm



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY N.Y. 12230

August 20, 1987

OFFICE OF THE STATE BOARD FOR NURSING

Dr. William E. Reynolds, Director
Bureau of Standards Development
N.Y.S. Department of Health
Empire State Plaza
Corning Tower
Albany, New York 12237

Dear Dr. Reynolds:

I write in regard to the draft of the Department of Health memo and regulations authorizing specially trained LPNs to perform additional services with respect to IV therapy beyond those which may be performed by all LPNs.

Since the State Board for Nursing and State Education Department reviewed and approved the draft regulations as published in the April 1, 1987 Register, two additional areas were added to these regulations; namely, activities related to total parenteral nutrition therapy and flushing intravenous lines. Also, the setting where these expanded activities would be permitted was changed from hospitals and longterm residential facilities to all agencies administered by the Health Department including home care.

At its August 17, 1987 meeting, the State Board for Nursing reviewed the latest draft of the regulations and voted unanimously to adopt the following recommendations:

1. LPNs should not be involved in total parenteral nutrition therapy (TPN).
2. Intermittent flushing of IV devices may be done by specially trained LPNs, but only in hospitals and residential care facilities where adequate supervision by RNs is readily available.
3. The regulations should apply only to hospitals and longterm care facilities where adequate supervision by RNs is readily available.

The Board for Nursing identified four major issues involved in the care of patients receiving TPN: (1) the patient's health is more than likely severely compromised, (2) the infusion is into a major blood vessel, (3) the technique is relatively new and products are still being evaluated, and (4) there is a need for complex assessment skills and close monitoring. The Board for Nursing is concerned about the legal aspect, rather than the technical aspect of LPNs performing these activities. RNs prepared at the associate degree may not have the background to perform the psychomotor skills (not just a series of tasks) required to provide safe intravenous

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INTRAVENOUS THERAPY

Dr. William E. Reynolds

Page 2

therapy. The Board further believes that supervision is different in the home than in the acute care setting with help being more readily available in the hospital or longterm residential care facility. Teaching family members is also different than teaching LPNs about IV therapy. A family member is taught one specific regimen for one specific patient; whereas, LPNs would be responsible for many different solutions for groups of patients. LPNs do not have the necessary background to perform complex assessments depending on the patients' conditions and solutions administered. According to the literature, patient risks of hemorrhage, infection and untoward reactions are much greater with central venous lines, as used in total parenteral therapy, than with routine peripheral therapy.

In the interests of patient safety and well-being, the State Board for Nursing believes that LPNs should not perform TPN in any setting, and the other activities should be restricted to LPNs working in hospitals and longterm residential care facilities. We ask that you reconsider the inclusion of TPN in the role of the LPN and restrict the setting within which the other activities are performed by LPNs.

Sincerely,

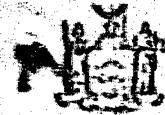
Milene A. Megel

Milene A. Megel, PhD, RN
Executive Secretary

MAM/cdc

cc: Thomas E. Sheldon
James H. Whitney
Patricia Hernandez

#160 LPN
INTRAVENOUS THERAPY



DAVID AXELROD, M.D.
Commissioner

STATE OF NEW YORK
DEPARTMENT OF HEALTH
ALBANY

December 24, 1987

RECEIVED

DEC 29 1987

COMMISSIONER
OF EDUCATION

Dear Mr. Sobol:

This pertains to my recent decision amending the State Hospital Code to expand the role of the licensed practical nurse (LPN) in performing intravenous therapy procedures in health care facilities and agencies regulated by this Department.

The State Education Department's Board for Nursing has been working with the Department for a number of years on issues involving the LPN and intravenous therapy procedures. Regulations were developed to reflect numerous discussions and a continuing dialogue between our Departments. The regulations were adopted by the State Hospital Review and Planning Council (SHRPC) in May, 1987, with the hope that some last minute expressions of concern by the State Board for Nursing could be resolved prior to filing the regulations with the Secretary of State. Unfortunately, this was not the case.

At a meeting in November, 1987, hospital and home health agency representatives met with staff of the Department and the Executive Secretary of the State Board for Nursing to discuss the outstanding issues. Although there was general agreement on the expanded LPN role in hospitals and nursing homes, the Board did not support the regulations in their entirety as applied to those settings, and rejected any role for LPNs to participate in IV therapy in the home.

After careful consideration of the matter, I have decided to approve and file the regulations as adopted by the SHRPC. I have determined that imposing the limitations recommended by the Board for Nursing is not in the best interest of patient care. I feel that these procedures as outlined in regulation can be safely performed under the direction of physicians or registered professional nurses by licensed practical nurses with the additional training required by the regulations and under appropriate direction and supervision.

As you are aware, the Health-Labor Industry Personnel Task Force, on which the State Education Department is represented, has been examining health personnel shortages, particularly the shortage of registered professional nurses. The Task Force recommends that professional groups carefully consider both needs and resources in seeking solutions to health personnel shortages. The Task Force has documented the need to examine the scope of practice of licensed nurses and the articulation of corresponding changes in education and training curricula. I believe that my decision regarding the role of LPNs in performing intravenous therapy is consistent with the Task Force's recommendations.

I know you join me in seeking and promoting new initiatives to address the current and future needs of the health care system without compromising the quality of that care.

Sincerely,

David Axelrod, M.D.
Commissioner of Health

Hon. Thomas Sobol, Ed.D.
Commissioner
New York State Education Department
Education Building, Room 111
Empire State Plaza
Albany, NY 12234

#160 LPN
INTRAVENOUS THERAPY

Memo from
New York State Senate
Administrative Regulations
Review Commission

From Annemarie O'Hearn
To Karen Ballard
Subject Intravenous Therapy Procedures

January 5, 1988

Pursuant to our conversation of today, enclosed please find copies of the proposed and adopted texts for the Department of Health regulation entitled "Intravenous Therapy Procedures". The adoption notice for this regulation was filed with the Secretary of State on December 28, 1987. However, due to substantive changes made in sections 400.15(6) and 700.4(6), it cannot become effective until 21 days after filing. The effective date of this regulation, therefore, will be January 18, 1988.

If I can be of any further assistance, please do not hesitate to contact me at 455-2731.

Form 2

State of New York
Department of Health
(Agency)

NOTICE OF ADOPTION

DIRECTIONS: ALL ITEMS MUST BE COMPLETED

Pursuant to the provisions of the State Administrative Procedure Act, NOTICE is hereby given of the following agency action:

1. Action taken: Amendments to add a new section 400.15 to Part 400 and add a new section 700.4 to Part 700.
2. Effective date of rule:
 - ☐ Date this notice is published in the *State Register*. (This box cannot be checked (1) if substantive changes were made to the proposal or (2) if a revised regulatory impact statement is being submitted with this notice or (3) if a revised regulatory flexibility analysis is being submitted with this notice. See SAPA, section 203, which provides that, in such cases, the rule cannot be effective until 21 days after the rule is filed with the Department of State.)
 - ☒ 21 days after filing because:
 - ☒ substantive changes were made to the proposal.
 - ☒ a revised regulatory impact statement is being submitted with this notice.
 - ☒ a revised regulatory flexibility analysis is being submitted with this notice.
 - ☐ This is a rule as defined in the State Administrative Procedure Act, section 102(2)(a)(ii), and, therefore, is to be effective as follows:
 - ☐ Date of filing.
 - ☐ Other (specific date) _____
 - ☐ Other (specific date) _____
3. Statutory authority under which the rule was adopted: Public Health Law, sections 2803(2), 3612(5)(6) and 4010(4)
4. Subject of the new rule: Role of the Licensed Practical Nurse in Intravenous Therapy Procedures
5. Purpose of the new rule: To allow licensed practical nurses to perform intravenous therapy procedures at the option of a facility or agency.
6. Final rule as compared with proposed rule:
 - (a) Identification number of notice of proposed rule making: RLT-13-87-00011-P
 - (b) Check the appropriate box:
 - ☒ The notice of proposed rule making contained the text of the proposed rule.
 - ☐ The notice of proposed rule making contained a summary description of the proposed rule.

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Intravenous Therapy

(c) Check box and complete as applicable:

- ☐ The final rule, as compared with the proposed rule, contains no substantive changes.
☐ Substantive changes were made in the following Parts, sections, subdivisions or paragraphs:
400.15(6)
700.4(6)

(d) If substantive changes were made, check the applicable box:

- ☒ Attached is a revised regulatory impact statement containing the reasons for the changes and containing any necessary revisions to the regulatory impact statement. There is no special form for a revised regulatory impact statement. If the statement exceeds 2,000 words, submit a summary.
☐ Attached is a statement indicating that, although substantive changes were made to the proposal, the changes do not necessitate any changes to the regulatory impact statement.
☐ This rule is within the definition contained in section 102(2)(k)(ii) of the State Administrative Procedure Act, and therefore, a revised regulatory impact statement is not required.
☐ If substantive changes were made, check the applicable box:
☐ Attached is a revised regulatory flexibility analysis setting forth the changes to the original regulatory flexibility analysis necessitated by the changes to the proposal. If the statement exceeds 2,000 words, submit a summary.
☐ Attached is a statement indicating that, although substantive changes were made to the proposal, the changes do not necessitate any changes to the regulatory flexibility analysis.
☐ This rule is within the definition contained in section 102(2)(k)(ii) of the State Administrative Procedure Act and, therefore, a revised regulatory flexibility analysis is not required.

7. Assessment of issues raised by public comment (check applicable box):

- ☒ Attached is an assessment of public comment. No particular form is required for this assessment. However, the assessment must be based upon any written comments submitted to the agency and any comments presented at any public hearing held for the purpose of receiving public comment on the proposed rule. The assessment must summarize the issues raised by the public comment, including significant alternatives suggested in the public comment. In addition, the assessment must summarize the agency's assessment of the issues raised in the public comment and summarize the changes made to the proposal as a result of the public comment. If the assessment of public comment exceeds 2,000 words, submit a summary.
☐ An assessment of public comment is not attached because the agency received no public comment.
☐ This rule is within the definition contained in section 102(2)(k)(ii) of the State Administrative Procedure Act and, therefore, an assessment of public comment is not required.

8. Text or description of final rule.

- (a) If the final rule contains 2,000 words or less, and if 6(c) of this form indicates that there are no substantive changes, attach a copy of the text of the rule. As long as there are no substantive changes in the final rule, the typing for the text does not have to comply with the technical standards presented in section 260.2 of Title 19 of the Official Compilation of Codes, Rules and Regulations of the State of New York. A photocopy of the text of the rule is also acceptable.
(b) If the final rule contains 2,000 words or less, and if substantive changes are indicated in 6(c) of this form, attach an original ribbon copy of the text of the final rule. The attachment must be typed following the instructions presented in section 260.2 of Title 19 of the Official Compilation of Codes, Rules and Regulations of the State of New York.
(c) If the final rule contains more than 2,000 words or if an election was made under section 202(7)(b) of the State Administrative Procedure Act, attach an original ribbon copy of a description of the substance of the final rule, conforming to the typing instructions presented in section 260.2 of Title 19 of the Official Compilation of Codes, Rules and Regulations of the State of New York.

9. The text of the final rule, the revised regulatory impact statement, if any, the revised regulatory flexibility analysis, if any, and the assessment of public comment, if any, may be obtained from:

Name of agency representative Ronald J. McDonough
Office address Dept. of Health, Bur. of N. Gmt. Services
Room 1009 ESP Tower, Albany, NY 12237
Telephone number (518) 474-8734

10. Additional matter received by statute:

- ☐ Check box if not applicable.

I have reviewed this form and the information submitted with it. The information contained in this notice is correct to the best of my knowledge.

I have reviewed Article 2 of the State Administrative Procedure Act and Parts 260.261, 262 and 263 of Title 19 of the Official Compilation of Codes, Rules and Regulations of the State of New York, and I hereby certify that this notice complies with all applicable provisions.

This notice was prepared by:

William R. Johnson
(signature)

Name

William R. Johnson
Dept. of Health, Bur. of N. Gmt. Services

Address

Room 1009, ESP Tower, Albany, NY 12237

Dated

December 28, 1987

Telephone

(518) 474-6936

Please read before submitting this notice:

- (a) Except for typing done on Form 2 itself, all typing must be done in legible form and must comply with 19 NYCRR section 260.2.
(b) As one package, submit the following properly collated:
(1) the original certification stapled to the text of the new rule, plus two copies of both; and
(2) the original of this notice (Form 2; the text or summary; a revised regulatory impact statement, if necessary; a revised regulatory flexibility analysis, if necessary; and an assessment of issues raised by public comment, if necessary), plus two copies of the complete notice.
(c) The material may be hand-delivered or mailed:
(1) hand-delivered material must be delivered to the State Register/Compilation Unit, NYS Department of State, Room 408, One Commerce Plaza, 99 Washington Avenue, Albany, NY.
(2) material submitted by mail must be addressed to the State Register/Compilation Unit, NYS Department of State, 162 Washington Avenue, Albany, NY 12231.

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INTRAVENOUS THERAPY

Pursuant to the authority vested in the State Hospital Review and Planning Council by sections 3612 and 4010 of the Public Health Law, Subchapter C, of Chapter V of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, is hereby amended to be effective upon filing with the Secretary of State, as hereinafter indicated:

CHAPTER V
MEDICAL FACILITIES
SUBCHAPTER C
GENERAL PROVISIONS
ARTICLE 1
GENERAL
PART 700
GENERAL

(Statutory Authority: Public Health Law §3612, 4010)

Part 700 of Article 1 of Subchapter C of Chapter V of Title 10 is hereby AMENDED by adding a new section 700.4 to read as follows:

700.4 The role of the licensed practical nurse in intravenous therapy procedures. (a) For purposes of this section only, facility shall mean any entity licensed or certified pursuant to Articles 28, 36 or 40 of the Public Health Law.

(b) The facility may allow specially trained licensed practical nurses to perform all intravenous therapy procedures except for the administration of blood and blood products, intravenous chemotherapy, a bolus of medication by intravenous push, and certain other procedures involving central venous lines.

(c) The facility shall ensure that licensed practical nurses allowed to perform intravenous therapy procedures have satisfactorily completed a training program, received supervised clinical experiences and demonstrated competence in the performance of intravenous therapy procedures.

(d) The training program for intravenous therapy shall include as a minimum instruction in:

- (1) the facility's policies and procedures related to intravenous therapy;
- (2) the facility's quality assurance and risk management program;
- (3) anatomy and physiology related to intravenous therapy;
- (4) the solutions and drugs used in intravenous therapy, their pharmacological action and therapeutic effects;
- (5) procedures used for mixing intravenous medications and solutions;
- (6) the signs and symptoms of complications and adverse reactions to intravenous therapy;
- (7) the functions, use and maintenance of intravenous devices and equipment; and
- (8) infection control techniques.

(e) The facility shall ensure that all intravenous therapy procedures performed by the licensed practical nurse are provided in accordance with written policies and procedures approved by the nursing service, pharmaceutical service, administration, medical director, or

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INTRAVENOUS THERAPY

where applicable, the medical staff, and other professional staff as needed. The facility shall ensure that policies and procedures for intravenous therapy are developed, implemented and reviewed and updated as needed but at least annually.

(f) The facility shall ensure that there is documentation in the licensed practical nurse's personnel file which indicates the training program attended, number of hours and content of the program, supervised clinical experiences and approval to perform intravenous therapy procedures.

(g) Inservice education programs shall be conducted to update and inform the licensed practical nurse of new intravenous therapy procedures and medications and to evaluate continued competence. The programs shall be conducted as often as necessary but at least on an annual basis and be documented in the personnel file of the licensed practical nurse.

(h) The licensed practical nurse approved to perform intravenous therapy procedures shall be under the direction of a registered professional nurse.

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INTRAVENOUS THERAPY

#160 LPN INTRAVENOUS THERAPY

Form 1

State of New York

Department of Health
(Agency)

NOTICE OF PROPOSED RULE MAKING

DIRECTIONS: ALL ITEMS MUST BE COMPLETED

Pursuant to the provisions of the State Administrative Procedure Act, NOTICE is hereby given of the following proposed rule:

- Proposed action:** Amendments to add a new section 400.14 to Part 400, section 700.4 to Part 700 of Title 10 NYCRR
- Statutory authority under which the rule is proposed:** Public Health Law, sections 2803, 3612 and 4010
- Subject of the proposed rule:** Role of the Licensed Practical nurse in Intravenous Therapy Procedures
- Purpose of the proposed rule:** To allow licensed practical nurses to perform intravenous therapy procedures at the option of a facility or agency.

1. Terms of the proposed rule:

Check applicable box:

- ☒ The proposed rule contains 2,000 words or less. The original ribbon copy of the text of the proposed rule is a part of this notice and is attached to this form. The typing for the text conforms to the instructions presented in section 260.2 of Title 19 of the *Official Compilation of Codes, Rules and Regulations of the State of New York*.
- ☐ The proposed rule contains more than 2,000 words. The original ribbon copy of a description of the substance of the proposed rule is a part of this notice and is attached to this form. The typing for the description of the substance conforms to the instructions presented in section 260.2 of Title 19 of the *Official Compilation of Codes, Rules and Regulations of the State of New York*.
- ☐ Pursuant to section 202(7)(b) of the State Administrative Procedure Act, the agency elects to submit a description of the subject, purpose and substance of the proposed rule. The description contains less than 2,000 words. The original ribbon copy of the description is attached to this form. The typing for the description conforms to the instructions presented in section 260.2 of Title 19 of the *Official Compilation of Codes, Rules and Regulations of the State of New York*.

6. The text of the proposed rule, the regulatory impact statement and the regulatory flexibility analysis may be obtained from:

Name of agency representative: Donald Macdonald
Office address: Dept. of Health, Bur. of Mgmt. Services, ESF
Room 1009, Albany, NY 12237
Telephone number: (518) 474-8734

7. Regulatory impact statement (check applicable box):

- ☒ A regulatory impact statement (form 8) of 2,000 words or less is submitted with this notice.
- ☐ Because the text of the regulatory impact statement exceeds 2,000 words, a summary is submitted with this notice. No special form is required for this summary.
- ☐ A consolidated regulatory impact statement is submitted with this notice and is being used because:
 - ☐ the proposed rule is one of a series of closely related and simultaneously proposed rules.
 - ☐ the proposed rule is one of a series of virtually identical rules proposed during the same year.
- ☐ A regulatory impact statement is not submitted with this notice because the proposed amendment is a technical amendment and, therefore, exempt from the provisions of section 202-a of the State Administrative Procedure Act. Attached to this notice is a statement of the reason or reasons for claiming this exemption.
- ☐ A regulatory impact statement is not submitted with this notice because the proposed rule is subject to consolidated regulatory impact statement that was previously printed under a notice of proposed rule making, identification number _____, on page _____ of issue _____, volume _____, date _____ of the *State Register*.
- ☐ A regulatory impact statement is not submitted with this notice because the proposed rule is within the definition contained in section 102(2)(a)(ii) of the State Administrative Procedure Act, and, therefore, exempt from the provisions of section 202-a of such act.

8. Regulatory flexibility analysis (check applicable box):

- ☒ A regulatory flexibility analysis (form 9) of 2,000 words or less is submitted with this notice.
- ☐ Because the regulatory flexibility analysis exceeds 2,000 words, a summary is submitted with this notice. No special form is required for this summary.
- ☐ A regulatory flexibility analysis is not submitted with this notice because the proposal will not impose reporting, recordkeeping or other compliance requirements on small businesses. Attached to this notice is a statement setting forth the basis for the finding that the proposal will impose no compliance requirements on small businesses. No special form is required for this statement.
- ☐ A regulatory flexibility analysis is not submitted with this notice because the proposed rule is within the definition contained in section 102(2)(a)(ii) of the State Administrative Procedure Act.
- ☐ A consolidated regulatory flexibility analysis is submitted with this notice and is being used because the proposal is the first of a series of closely related rules which will be the subject of the attached analysis.
- ☐ A regulatory flexibility analysis is not submitted with this notice because the proposed rule is subject to a consolidated regulatory flexibility analysis that was previously submitted with a notice of proposed rule making, identification number _____, printed on page _____ of issue _____, volume _____, date _____ of the *State Register*.

9. Expiration date (check only if applicable):

- ☐ The notice of proposed rule making will not expire in 180 days because it is within the definition in section 102(2)(a)(ii) of the State Administrative Procedure Act.

10. Public hearings (check box and complete as applicable):

- ☐ A public hearing is required by law and will be held at _____ a.m./p.m. on _____ 19____ at _____.
- ☒ A public hearing is not required by law, and a public hearing has not been scheduled.
- ☐ A public hearing is not required by law, but a public hearing will be held at _____ a.m./p.m. on _____ 19____ at _____.

11. Interpreter Services (Check only if a public hearing has been scheduled):

- ☐ Interpreter services will be made available to deaf persons, at no charge, upon written request received within a reasonable time prior to the scheduled public hearing. The written request must be addressed to the agency representative designated in paragraph (6) of this notice.

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12. Accessibility (Check appropriate box only if a public hearing has been scheduled)

- ☐ All public hearings have been scheduled at places reasonably accessible to persons with a mobility impairment.
- ☐ All public hearings except the following have been scheduled at places reasonably accessible to persons with a mobility impairment:

1. _____
2. _____
3. _____

- ☐ None of the public hearings have been scheduled at places reasonably accessible to persons with a mobility impairment.

NOTE: If one or more public hearings will not be reasonably accessible to persons with a mobility impairment, an agency may provide an explanation; however, an agency is not required to do so. An explanation, if provided, should be submitted as an attachment to this notice.

- ☐ Check this box if an explanatory attachment is being submitted as part of this notice.

13. Data, views or arguments may be submitted to (complete only if different than item 6):

Name of agency representative _____
Office address _____
Telephone number _____

14. Additional matter required by statute:

☒ Check box if not applicable.

I have reviewed this form and the information submitted with it. The information contained in this notice is correct to the best of my knowledge.

I have reviewed Article 2 of the State Administrative Procedure Act and Parts 160, 161, 162 and 163 of Title 19 of the Official Compilation of Codes, Rules and Regulations of the State of New York, and I hereby certify that this notice complies with all applicable provisions.

This notice was prepared by: William R. Johnson
(signature)
Name William R. Johnson
Address Dept. of Health, Bur. of Mgmt. Services
ESP Tower, Rm. 1009, Albany, NY 12237
Dated March 17, 1987
Telephone (518) 474-5734

Please read before submitting this notice:

(a) Except for typing done on Form 1 itself, all typing must be done in scannable form and must comply with 19 NYCRR section 260.2.

(b) Submit the original and two copies of this notice, properly collated (Form 1, the text or summary, the regulatory impact statement and the regulatory flexibility analysis).

(c) This notice may be hand-delivered or mailed.

(1) hand-delivered material must be delivered to the State Register/Compilation Unit, NYS Department of State, Room 408, One Commerce Plaza, 99 Washington Avenue, Albany, NY.

(2) material submitted by mail must be addressed to the State Register/Compilation Unit, NYS Department of State, 162 Washington Avenue, Albany, NY 12231.

Pursuant to the authority vested in the State Hospital Review and Planning Council by section 2803 of the Public Health Law, Subchapter A, of Chapter V of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, is hereby amended to be effective upon filing with the Secretary of State.

CHAPTER V

MEDICAL FACILITIES

SUBCHAPTER A

MEDICAL FACILITIES-MINIMUM STANDARDS

ARTICLE 1

GENERAL

PART 400

ALL FACILITIES-GENERAL REQUIREMENTS

(Statutory Authority: Public Health Law section 2803)

Part 400 of Article 1 of Subchapter A of Chapter V of Title 10 is hereby AMENDED by adding a new section 400.14 to read as follows:

400.14 The role of the licensed practical nurse in intravenous therapy procedures. (a) For purposes of this section only, facility shall mean any entity licensed or certified pursuant to Articles 28, 36 or 40 of the Public Health Law.

(b) The facility may allow specially trained licensed practical nurses to perform all intravenous therapy procedures except for the administration of blood and blood products, intravenous chemotherapy, a bolus of medication by intravenous push, total parenteral nutrition and any other procedures involving central venous lines.

(c) The facility shall ensure that licensed practical nurses allowed to perform intravenous therapy procedures have

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satisfactorily completed a training program, received supervised clinical experiences and demonstrated competency in the performance of intravenous therapy procedures.

(d) The training program for intravenous therapy shall include as a minimum instruction in:

- (1) the facility's policies and procedures related to intravenous therapy;
- (2) the facility's quality assurance and risk management program;
- (3) anatomy and physiology related to intravenous therapy;
- (4) the solutions and drugs used in intravenous therapy, their pharmacological action and therapeutic effects;
- (5) procedures used for mixing intravenous medications and solutions;
- (6) the signs and symptoms of complications and adverse reactions to intravenous therapy;
- (7) the functions, use and maintenance of intravenous devices and equipment; and
- (8) infection control techniques.

(e) The facility shall ensure that all intravenous therapy procedures performed by the licensed practical nurse are provided in accordance with written policies and procedures approved by the nursing service, pharmaceutical service, administration, medical director, or where applicable, the medical staff, and other professional staff as needed. The facility shall ensure that policies and procedures for intravenous therapy are developed, implemented and reviewed and updated as needed but at least annually.

(f) The facility shall ensure that there is documentation in the licensed practical nurse's personnel file which indicates the training program attended, number of hours and content of the program, supervised clinical experiences and approval to perform intravenous therapy procedures.

(g) Inservice education programs shall be conducted to update and inform the licensed practical nurse of new intravenous therapy procedures and medications and to evaluate continued competency. The programs shall be conducted as often as necessary but at least on an annual basis and be documented in the personnel file of the licensed practical nurse.

(h) The licensed practical nurse approved to perform intravenous therapy procedures shall be under the direction of a registered professional nurse.

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Pursuant to the authority vested in the State Hospital Review and Planning Council by sections 3612 and 4010 of the Public Health Law, Subchapter C, of Chapter V of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, is hereby amended to be effective upon filing with the Secretary of State.

CHAPTER V
MEDICAL FACILITIES
SUBCHAPTER C
GENERAL PROVISIONS

ARTICLE 1
GENERAL
PART 700
GENERAL

(Statutory Authority: Public Health Law sections 3612, 4010)

Part 700 of Article 1 of Subchapter C of Chapter V of Title 10 is hereby AMENDED by adding a new section 700.4 to read as follows:

700.4 The role of the licensed practical nurse in intravenous therapy procedures. (a) For purposes of this section only, facility shall mean any entity licensed or certified pursuant to Articles 23, 36 or 40 of the Public Health Law.

(b) The facility may allow specially trained licensed practical nurses to perform all intravenous therapy procedures except for the administration of blood and blood products, intravenous chemotherapy, a bolus of medication by intravenous push, total parenteral nutrition, and any other procedures involving central venous lines.

(c) The facility shall ensure that licensed practical nurses allowed to perform intravenous therapy procedures have satisfactorily completed a training program, received supervised clinical experiences and demonstrated competency in the performance of intravenous therapy procedures.

(d) The training program for intravenous therapy shall include as a minimum instruction in:

- (1) the facility's policies and procedures related to intravenous therapy;
- (2) the facility's quality assurance and risk management program;
- (3) anatomy and physiology related to intravenous therapy;
- (4) the solutions and drugs used in intravenous therapy, their pharmacological action and therapeutic effects;
- (5) procedures used for mixing intravenous medications and solutions;
- (6) the signs and symptoms of complications and adverse reactions to intravenous therapy;
- (7) the functions, use and maintenance of intravenous devices and equipment; and
- (8) infection control techniques.

(e) The facility shall ensure that all intravenous therapy procedures performed by the licensed practical nurse are provided in accordance with written policies and procedures approved by the nursing service, pharmaceutical service, administration, medical director, or where applicable, the medical staff, and other professional staff as

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needed. The facility shall ensure that policies and procedures for intravenous therapy are developed, implemented and reviewed and updated as needed but at least annually.

(f) The facility shall ensure that there is documentation in the licensed practical nurse's personnel file which indicates the training program attended, number of hours and content of the program, supervised clinical experiences and approval to perform intravenous therapy procedures.

(g) Inservice education programs shall be conducted to update and inform the licensed practical nurse of new intravenous therapy procedures and medications and to evaluate continued competency. The programs shall be conducted as often as necessary but at least on an annual basis and be documented in the personnel file of the licensed practical nurse.

(h) The licensed practical nurse approved to perform intravenous therapy procedures shall be under the direction of a registered professional nurse

Regulatory Impact Statement

Statutory Authority

Subdivision (2) of section 2803, Subdivisions (5) and (6) of section 3612 and Subdivision (4) of section 4010 of the Public Health Law empower the State Hospital Review and Planning Council to adopt standards for hospitals, diagnostic and treatment centers, residential health care facilities, certified and licensed home health agencies, long term home health care programs and hospice programs.

Needs and Benefits

During the past ten years, there has been a continued effort by the New York State Education Department and the Department of Health to explain the role of the licensed practical nurse (LPN) in intravenous (IV) therapy procedures. In an effort to clarify the situation, a Department of Health Memorandum (Series 34-98) was developed in consultation with the State Education Department.

Since the issuance of the memorandum in December 1984, it has become evident from the numerous questions and concerns expressed by health care providers, professional organizations and licensed practical nurses that there continues to be difficulty with the implementation of the procedural aspects outlined in the memorandum.

At the request of the Department, a special task force convened last year to study all the issues. The group was comprised of representatives from the State Education Department, Hospital Association of New York State, professional organizations, health care providers and educators.

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The decision reached by the special task force was that the basic educational programs for LPNs do not prepare them for all intravenous therapy procedures, particularly the pharmacology component. The task force recommendation was to promulgate a regulation authorizing specially trained LPNs to perform additional services with respect to IV therapy beyond those which may be performed by all LPNs.

The proposed amendment to LONCRR allows facilities to use specially trained LPNs for intravenous therapy procedures providing that the licensed practical nurse has completed a training program, received supervised clinical experiences and demonstrated competency. The proposed regulations outline the major components of the training program which will be described in more detail in the Department of Health Memorandum.

The scope of practice for the licensed practical nurse has been changing with the advancement of technology and with the changes in the delivery of health care. To date, there has not been a uniform approach to preparing the LPN to assume increased responsibility for intravenous therapy procedures. The proposed regulations provide a standard that all facilities must follow if they allow specially trained LPNs to perform these functions. Additionally, it clarifies the issues and concerns that have prevailed for the past ten years.

Costs

Cost to state and local government

There will be no significant additional costs imposed on the state and local government.

For local governments which operate facilities and choose this option, there would be initial costs associated with starting a training program and a minimal cost for maintaining competency levels of the LPNs performing intravenous procedures. In some instances, there may be an increased cost for registered professional nurse supervision of the licensed practical nurse.

Cost to Private Regulated Parties

As this is an optional regulation, regulated parties will not incur education costs unless they choose to allow LPNs to be involved with intravenous therapy procedures.

If a facility does select this option, there will be some start-up and continued costs for training, continuing education and registered nurse supervision.

Cost to Regulating Agency

The Department should incur no new costs as a result of this amendment.

Procedures for periodically reviewing a facility's program for intravenous therapy procedures should be an integral part of the survey process.

Paperwork

There will be additional recordkeeping required of the facility as documentation is required in the licensed practical nurse's personnel file of the training program attended, hours, content of the program, supervised clinical experience, approval to perform intravenous therapy procedures and continuing education programs.

Duplication

There is no duplication of federal or state requirements.

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Alternatives

No significant alternatives to this rule were considered.

Contact Person

Mr. Donald Macdonald
Bureau of Management Services
New York State Department of Health
Empire State Plaza - Corning Tower - Room 1009
Albany, New York 12237
(518) 474-8734

Regulatory Flexibility Analysis

Effect on Small Business

This regulation could have an effect on the small business that chose to allow licensed practical nurses to perform intravenous therapy procedures.

Compliance Requirements

The facilities which choose to implement these regulations will demonstrate their compliance by establishing an on-going training program, provide in-service education and meeting all the requirements set forth in the regulations.

Professional Services

For those facilities that choose to implement these regulations, additional time from in-service education staff may be required. Also, there may be increased need for registered professional nurses to direct and supervise the licensed practical nurses.

Compliance Cost

For those facilities that choose to implement the regulations, there will be start-up costs for the training program and minimal on-going costs for subsequent training programs, periodic in-service training, and additional nursing supervision.

Minimizing Adverse Impact

The proposed regulations should enhance the delivery of safe health care services. Since the implementation of these regulations is optional, there should be minimal adverse impact. Facilities that implement these regulations should experience a reduction in the cost of delivering the services because the salaries of licensed practical nurses are lower than those of registered professional nurses.